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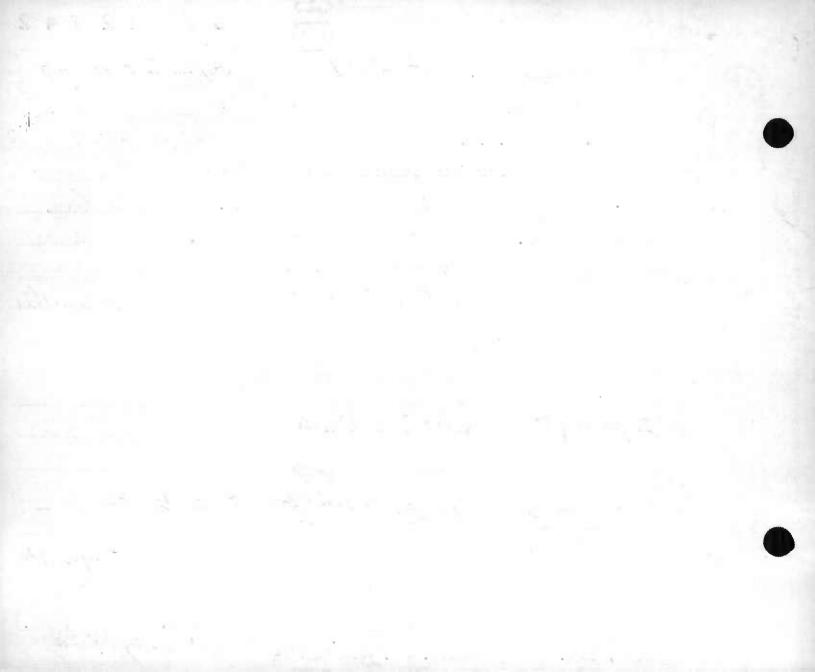


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	Page 4 may be	17
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Figure they be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functional should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within the state Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

		FOR STATE		RTMENT OF H	EALTH AND MENTAL HYG	IENE 8 0	2 2 0 4 3
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State Dep		Luis	Beer	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/11/80
IMPORTA		LUIS A. CISM			V. A. MEDICA	AL CENTER, FORT	HOWARD, MD
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16 25M , 4) 1/79		uneral director NAME ames S. Kirk	ADDRESS	mie.	CED	1 6 1980	TRAN'S SIGNATURE

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6	FOR STATE REGISTRAR	DEPARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0 2	2044
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aine.	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
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Poges	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O N	IVE WAR OR DATES!	Mr. Raymon	ADDRESS 740	
s been signed by the attending primit. Then please remove carbon, prior to buriol, cremotion, or removing injury, or other traumotic even	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) PRIMARY THROIS (CONDITIONS CONDITIONS FOR WHICH OPERATIO)	MBOCYTOSIS PNEUMONIA, C PRIC ULCER NOT RELATED TO THE TERM	ONGESTIVE HEAD	
sit per grene shows	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tay How bliney again	YES NO Y	ES NO
tentol Hy		HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
ked or Item	OR CONTRIBUTING CAUSE OF CO. (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of tor use or tof Heolth n 21 is mor	220.1 certify that (1) (this has sow the deceased alive a above, 1) (we) (did) 10 100	(t) view the body ofter death.	d that 📉(河) (our) apinion	O , to SEPT 12 death occurred on the date and ha	
detoche rote Depl	22b. SIGNATURE	Followa		MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED 9 12 80
TO FUNERAL should be deti with the Stote IMPORTANT:	22d. PHYSICIAN'S NAME (TYPE		7620 YOR	K RD. 21204	
2 4 3 8	230. BURIAL CREMATION, REMOVA	AL 23b. DATE 23c. NAME OF C	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	(SPECIFY) Cremation	9/13/80 Securi	ty Process	Catonsville	Balt. Md.
6 50M 1/76 15 (4))	24. FUNERAL DIRECTOR NAME WacNabb Funera	ADDRESS ADDRESS	CED	T 5 1980	PRAP'S MELLIN

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6	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	22045
Par 1	I DE	CEASED JAME FIRST	WIDDLE	LAST	26. DATE OF DEATH	MONTH DAY YEAR 26. HOUR P
200		Julia	S.	ALT	Septembe	
ector, p	J SE	Female	White	5 DATE OF BIRTH MONTH OF BIRTH VEAR	6 AGE (IN YEARS LAST BIRT	YRS MONTHS DAYS HOURS MIN
nneral dir 72 hou ufred at	7e B	RTHPLACE ISTATE OR FOREIGN OUNTRY	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	County of DEATH MD.
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fitted in uld be fit	ÜSU 13e	AL RESIDENCE (IF MURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	N 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS.	verall A enue -21206
completely 1 and 2 sho 3 and 2 sho nedical exa	14. F.	ATHER'S NAME FIRST Louis M.	Schuerholz LAST	15 MOTHER'S MAIDEN N. Rosie	AME	LAST
e Tes 1 a		WAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN] (IF YES, GIVE	MED FORCES? 160 SOCIAL SECU		ADDRE	
	_		212-05-		ALT -6204 (Everall Avenue-21206 BETWEEN ONSET AND DEATH
ic ev		PART I. DEATH WAS CAUSE		ilmonary Arrest		BETWEEN ONSET AND DEATH
a ma		1539 MMEDIA				
ater tra		Conditions, if ony, which	Metastati	c Carcinoma of the	e Colon	
, or oth		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
terpre	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.		RRED (ENTER NATURE OF INJUR	
and Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	211 LOCATION	CITY OR TOW	VN COUNTY STATE
Dept. of Healt If Item 21 is r		270 I certify that X (this hospi sow the deceased alive an above, X (well (did) 3.200 27b. SIGNATURE	september 10 19		n death occurred on the do	ar 10. 19 80 , that M (we) last at and hour and from the couses stated
with the State WITH THE STATE WPORTANT:		224. PHYSICIAN'S NAME (TYPE O		PHYSICIAN 224 ADDRESS	MEDICAL STAI	
should be with the S		Marcia G			klin Square I	Drive 21237
s =	230.	BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OR CREMATORY	Balto. 1	Mo COUNTY STATE
I-16 25M		UNERAL DIRECTOR	ADDRESS & ADDRESS	() ["	TE REC'D. BY REGISTRAR	256. PERSISTRAR'S SIGNATURE

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Baltimore, Maryland

Leonard J. Ruck, Inc.

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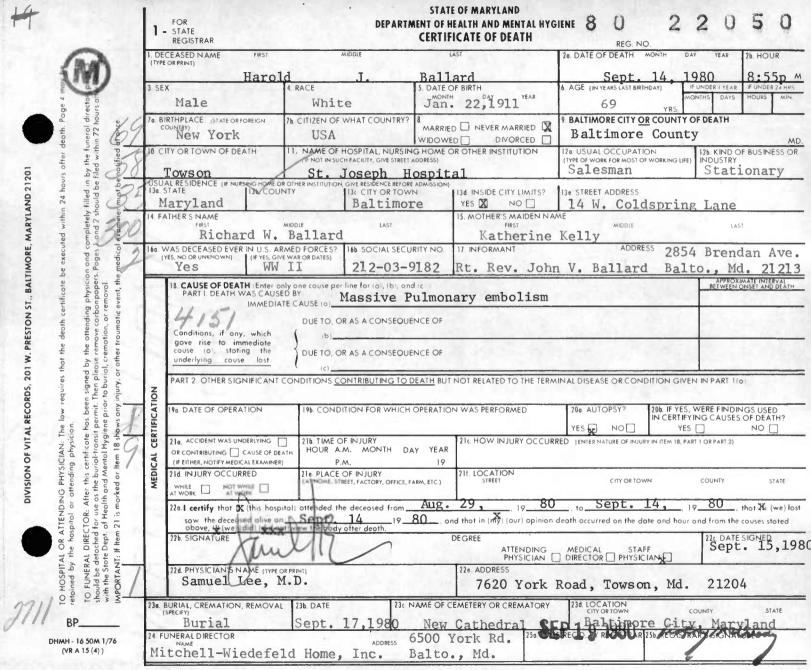
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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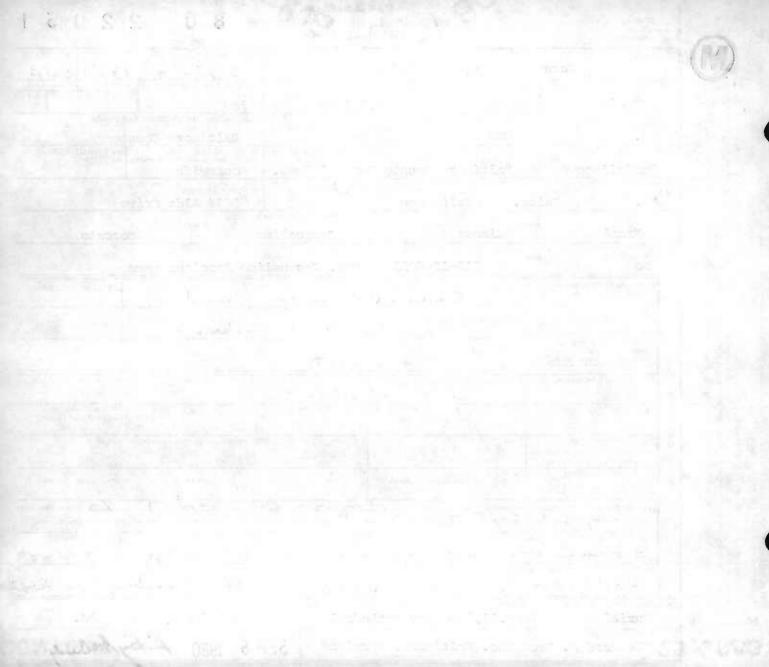
X	١,	FOR		STATE OF A	MARYLAND H AND MENTAL H	YGIENER () 9	2048
9	1-	STATE REGISTRAR		DICAL EXAMINER'S		F DEATH REG. NO.	2070
		CEASED NAME FIRST		MIDDLE	LAST	20 DATE KNOWN MON'	TH DAY YEAR 25 HOUR
ASE OR.		LIL			ARMIGER	DEATH MATED W 09	01 19 80 7 74 M
P. P	3. SE	EMALE WHITE	5. DATE OF BIRTH	97 82 YRS.	NDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MONT PRONOUNCED DEAD 9.	- 2 19 80 2 m
NERAL NERAL FORY WEST	70 B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH		RIED NEVER MARRIE	9 BALTIMORE CITY OR COL	
ZEn' >	1	MARYLAND	U.S.		WED X DIVORCE		1710
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201 ANY DE ANY DE RETAIN COULD B ECORDS		AL RESIDENCE (IF IN NURSING HOMETATE 136 COL		PE RESIDENCE BEFORE ADMISSION)		13e. STREET ADDRESS	- 1 - 2 - 3 1 -
1 100			LTIMORE	ARBUTUS	YES NO X	4757 ALDGATE GRE	EEN, 21227
O I . NA	14_F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDER	MIDDLE	LAST
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BALTIMORE, URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	(00.		IVE WAR OR DATES)	214-14-5592		FLAUTT 1236 CIRCI	F DRIVE
		18. CAUSE OF DEATH (Enter	anly ane cause per line				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. A L	10	PART I DEATH WAS CAU	SED BY: IATE CAUSE (a)	AS A CONSEQUENCE OF	tic Cord	ionisaler Disec	A SETWEEN ONSET AND DEATH
ER A LIN		Conditions, if any, whi	ch	AS A CONSEQUENCE OF			
RE TRANS		gave rise to immedia cause (a) stating the und lying cause last.	(,	AS A CONSEQUENCE OF			
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INISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXE TING THE WORD "PENDING" DED TO THE CHIEF MEDICA 3 SHOULD BE USED AS A BI DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION		210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY . MONTH DAY YEAR	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
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CAL EXA THE CER SHOULD RAI DIR RE, WAR		ACTUAL SIGNATURE	rece r	evers 42	ND DEFEL	MEDICAL EXAMINER SIG	TE 5-2-80
DICA FE TH NER SH ORE,							
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU A FTER DEATH, BALIMORE, MA		(TYPE OR PRINT)		ERRERO	ADDRESS SSS	o Bournois N	M. P.Ke
PAC PAC BALL	23a. E	BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY C			COUNTY STATE
0000BP	24. F	BUR LA L UNERAL DIRECTOR	09-04-80	FRIENDSHIP M 21229		FR TEND SHIP	TATES MAILURE
OV DHMH - 17 (VR A15 ME (5))		UBBARD FUNERAL	HOME INC		AVE. SFP	3 1980 1	Arabushy

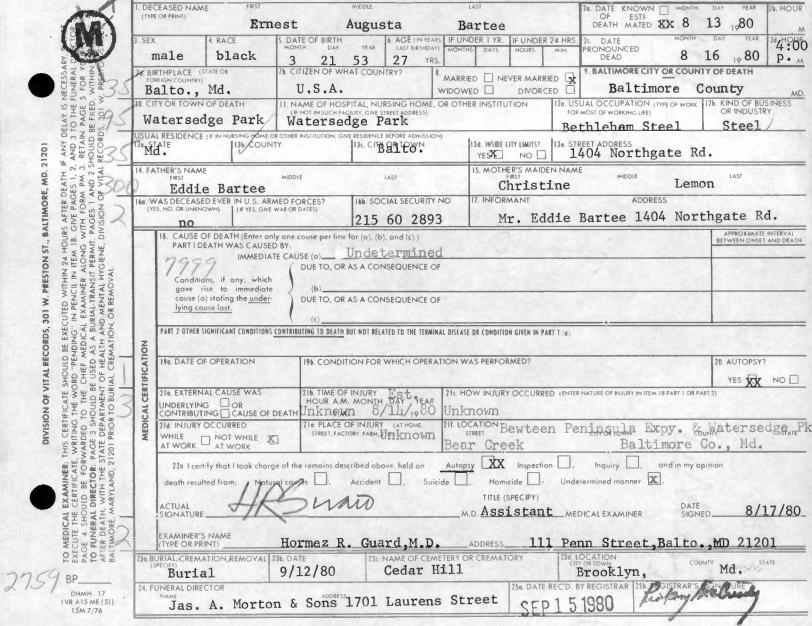
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TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

tems #10a-22a Film G540 10/15/00 STATE OF MARYLAND

MEDICAL EXAMINER'S

STATE

REGISTRAR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENED	A A A 200 100
I - STATE MEDICAL EXAMINED'S CERTIFICATE OF DEAR	2 2 U 5 3
I. DECEASED NAME FRST ETHEL U. MIDDLE BARTLEY LAST 20. DATE KNOW	N MONTH DAY YEAR Zb. HOUR
ZTHEL U. BartRey DEATH MATEL	9 4 1980 8-M
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR
76 BIRTHPLACE (STATEOR 76 CITIZEN OF WHAT COUNTRY) 18 9 BALTIMORECI	TY OR COUNTY OF DEATH
MARYLAND USA WIDOWED DIVORCED	retti co. MD.
FOR MOST OF WORKING LIFE	(TYPE OF WORK 12b. KIND OF BUSINESS
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE APPLISSION) 130. STATE 130. STATE 130. STATE 130. STREET ADDRESS 22 23 24 25 26 27 28 28 28 28 28 28 28 28 28	idecke 21206
THE TABLE TO THE TABLE THE	LAST
YES, NO, OR UNKNOWN) [(IF YES, GIVE WAR OR DATES)	FORDVIEW DR.
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	en Juin Unc
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO	20. AUTOPSY?
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death resulted from: Natural causes A., Accident ., Suicide, Hamicide, Undetermined manner	ond in,my opinion DATE 9-4-60 SIGNED 9-4-60
ACTUAL SIGNATURE M.D. PLAN MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) PAGE 1236. BURIAL CREMATION REMOVAL 236. DATE	Belts1036 mel.
BURIAL 9/8/80 IVY HILL CEMETERY LAUREL	COUNTY STATE MD.
DHMH-17 (VR A15 ME (5)) 15M7/77 24. FUNERAL DIRECTOR NAMBLY Coart 2 ADDRESS Les are ALP. 250. DEBRES DEPRECISITAR 256. F	REGISTRAN'S SIGNATURE

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2	FOR 1 - STATE		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL H	0 11	2054
1 m 2 2 1	REGISTRAR			NER'S CERTIFICATE C	F DEATH REG. NO.	2 0 0 .
	1. DECEASED NA. (TYPE OR PRINT)	Richard	Edwin	Barwick	OF ESTI- DEATH MATED [9	20 1980 A
	male	white "	DATE OF BIRTH ONTH DAY YEAR LAST BIRT		24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR 20 19 80 5:00A
S NECESSAI P. WITHIN W. PRISTO	70 BIRTHPLACE FOREIGN COUNTRY MARY Land	(STATE OR 7b. 7b. 7)	CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL NURSING HO	8. MARRIED ZENEVER MARR WIDOWED DIVORC	- D 1	unty MD.
ELAY IS NOT TO THE PAGE BE FILED SS, 301 V	Woodla	vn e	6000 Baltimore N	at'l Pike	FOR MOST OF WORKING LIFE) Mechanic	or industry refriceration
D. 21201 H. IF ANY DEL (2, AND 3 TG (3, RETAIN 12, SHOULD SE	13a. STATE	and Baltim	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN BOLL IMON DDIE LAST	1 3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 356 Marydell Rd.	21229 LAST
AORE, MD.	Henry B	aruvick SED EVER IN U.S. ARMED	FORCES? 166, SOCIAL SECUR	Dolly	Thomas ADDRESS	LASI
BALTIMORE, URS AFTER DE S. GIVE PRAGE WITH FORM PAGES 1 A DIVISION OF	U.C.A. OR UNK	Vietm		822 Roxanne I	3. Barwick 356 Mc	mydell Rd.
15, 301 W. PRESTON ST., I XECUTED WITHIN 24 HOUG" IN PENCIL IN ITEM 18 BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, DON, OR REMOVAL.	Candit gave cause lying c	ions, It any, which rise to immediate (o) stating the under-ause lost.	Gun shot wor	E OF	Gun: Unspecified	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION THIS CERTIFIC WRITING TH WARDED TO WASGES 3 SHOLI TATE DEPARTI	LLI .	OCCURRED NOT WHILE XX AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) parking lot	21f. LOCATION STREET	at'l Pike, Woodlaw	n, BaltoCo.MD
XAMINER: TERTIFICATE, ILD BE FOR WITH THE SI WITH THE SI ARYLAND, 21	death resu	ilted fram: Natural	the remains described above, held are auses ; Accident ;	Autapsy X, Inspection Suicide X Hamicide TITLE (SPECIFY) Assistan	Undetermined monner ,	TE 9/20/80
TO MEDICAL E-EXECUTE THE PAGE 4 SHOU PAGE 4 SHOU PAGE A SHOU PAGE A SHOUND PAGE A SHOUND PAGE WEATH	SIGNATUR EXAMINER (TYPE OR P	'S NAME HOTT	mez R. Guard, M.D.	M.D. 111	Penn Street, Balto.	, MD 21201
BP	230. BURIAL, CREM (SPECIFY) Bur 24. FUNERAL DIR			emetery or crematory and Veterana 250. DATE	Cheltenham P.	OUNTY STATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	Ambrose	Juneral Ho		Spring Rd. SEP	2 2 1990	Nacon y

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7	-1 -	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO		0 5 5
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		AONTH DAY YEAR	2b. HOUR
/63		ANITA	CHRISTINA	BAUER	September :		11:30a
MA	3. SE	Female	White	S DATE OF BIRTH MONTH 5-27-1901	6. AGE JIN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN
	7a. BI	RTHPLACE ISTATE OR FOREIGN Virgin Islands	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (M
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or medicom		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	IRITY NO 17 INFORMANT	ADDRE	SS	
Page the		No	217-01-1	069 A Mars Marie	ePare - 650	O Eastorn D	bun 212
en signed by the a Then please remov or to burial, crema any injury, or othe	NOI	Candifians, if any, which gave rise to immediate cause cal, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1	(0)
riticate has be nsit permit. Hygiene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE YES	
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the burish and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOW	N COUNTY	STATE
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TO FUNERAL Description of the State Descriptio	73a B	220. PHYSICIAN'S NAME (TYPE OF LAND OF	othbaum	9000 Frank	in Square D		
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PHMH-16 25M PRA 15, 4) 1/79		John C. Miller	Inc-6415 Belain	8d -21206 SE	P 2 4 1980	fretrans	etruory

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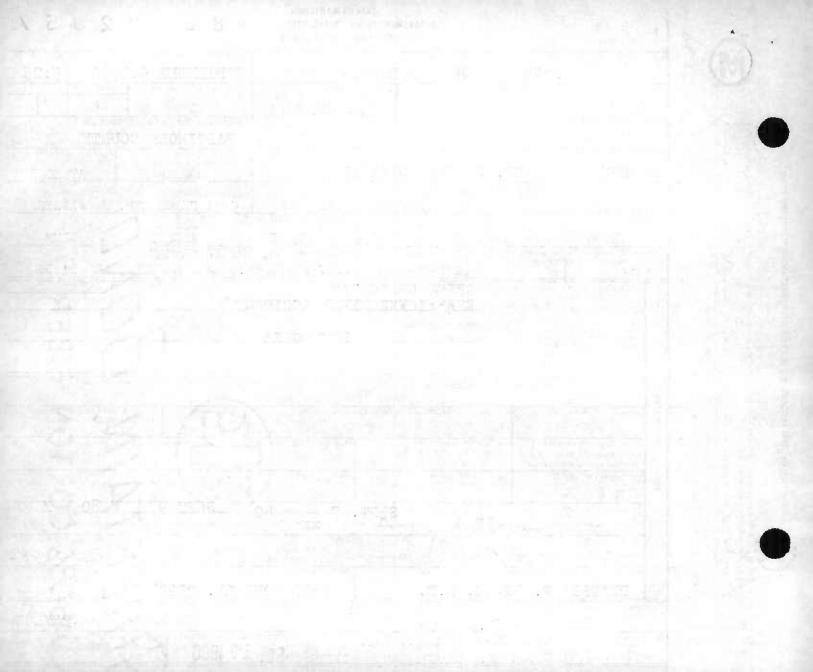
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	2		REGISTRAR	ME	DICAL EXAMIN	NER'S	ERTIFICATE O	F DEATH REG	5. NO.	0 0
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PLEASE RECTOR IN FILES. HOURS		SEX	4 RACE	5. DATE OF BIRTH	AGE (INY	EARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY	Y YEAR 2d, HOUR
DIRECT STATES		F	EMALE CAUCA.	MONTH DAY 29	23 Prast Birthi	RS.	S DAYS HOURS	MIN. PRONOUNCED DEAD	9/7	19 80 P M
SSS-AL	30	7a. BIF	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED NEVER MARRI	9. BALTIMORE CI	TY OR COUNTY OF	
2 2 2 E 2	00		RGINIA	USA		WIDOW		TAT MENE	ORE COUN	my
1		10. CIT	Y OR TOWN OF DEATH		SPITAL, NURSING HOM			120. USUAL OCCUPATION	(TYPE OF WORK 12b. K	IND OF BUSINESS
M	00		TE MARSH	44 ROSI	EWOOD MOB	ILE	CT.	SEAMSTRES	S CL	OTHING
		USUA 13a ST	L RESIDENCE (IF IN NURSING HOME OF ATE 13b. COUNT	Y	13c. CITY OR TOWN	ION)	134 INSIDE CITY LIMITS?	13q STREET ADDRESS		
21201 F AND 22, AND 23, AND 24, AND 25, AND 27, AND 27	55	MA	RYLAND BALT	IMORE		RSH	YES NO A	44 ROSEWOO	OD MOBIL	E CT.
AN H O	25	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDLE		LAST
E, A	150	TH	OMAS	E.	LUKHAR	D	PEARL		HAR	RIS
MORE, MD. FIER DEATH. FORM PM. FOS I AND 2		16a, W	AS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI	IY NO.	17. INFORMANT	ADDE	RESS	
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BALTI JRS AI GIVE WITH PAGE							11211123	Dittition of the		
			18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY:	Aror (8), (b), dire (5)	M	100-30	VP SA	1 h	CIMATE INTERVAL ONSET AND DEATH
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WITHI WITHI INER ZANSI	Ó		gove rise to immediate) (6) (usonic	. 0	andrese	sciles.		
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S ED SE	MAT	NO	@ Rheum	Nord	ax thx d-	=-				
	SE CO	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?	NO EL CALO	20	AUTOPSY?
VITAL I	¥ 7	FF								YES NO
OF VI	N S	2	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITE		123 🖾 140 🖂
I NO THE STANE	07		UNDERLYING OR		M. MONTH DAY YEA					
S E P F A	S. C.	MEDICAL	CONTRIBUTING CAUSE OF D		OF INJURY (ATHOME.	215 10	CATION			
DIVISION TING CERT WRITING ARDED GE 3 SH	PR	WE	WHILE - NOT WHILE -	STREET FACT	TORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY	STATE
DI R: THIS C TE, WRIT DRWARD S: PAGE	201		AT WORK AT WORK							
ARE P	,21		22a. I certify that I took charge	of the remains des	scribed obove, held an	Autop	sy , Inspection	N. Inquiry	ond in my opinion	
EXAMINER: CERTIFICATE ULD BE FOAT DIRECTOR: WITH THE	S S		death resulted from: Nature	ol couses	Accident S	picide 🗍	, Homicide	Undetermined manner		
XAM KERTIFE VITH	YLA		1 40	2/17/	Accident / S	ncide		Onderermined manner L		
X B B B W	AAR		ACTUAL AD 1/8	4/2 V	1		TITLE (SPECIFY)		DATE 9	9/200
CAL EX THE CE SHOUL ERAL DI			SIGNATURE 7 0 P	12		M	D. Negrica	MEDICAL EXAMINER	SIGNED_1	110
E A M	NON		EXAMINER'S NAME K . S	441	UWALI	A	0.110	Dur Vada	1. A. 1	1. 0 + 2.00 .
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO PURE SHOU AFTER DEATH,	Ē 1		(TYPE OR PRINT)	V1 11 -		- /	ADDRESS 2112	- while all	2	21222
A T P A T A T A T A T A T A T A T A T A	8	230. BU	RIAL, CREMATION, REMOVAL 23		23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		C	REMATION	9/11/80	WESTVI	EW M	EM. PARK	PALTO		MD
DHMH - 17			NERAL DIRECTOR	ADDRESS	H MS TO NA	1	250. DATE R	EC'D. BY REGISTRAR 255. F	REGISTRAR'S SIGNA	TURE
(VR A15 ME (5) 15M 7/77))		John wall	12116	hesec t	WP.	SEP 1	5 1980 /4-/	my McChen	de

DE STREET THE STREET STREET STREET 0 6 5 5

is 1	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 0 5 7 CERTIFICATE OF DEATH REG. NO.									5 7
(84)	1. DECEASED NAME	FIRST	MIDDLE	LA	ST		DATE OF DEATH		YEAR	26 HOUR P
(AA)		ROSE	XXX	BERM	IN		SEPTEMBE	R 9,19	086	5:25 ,
of 6.5	3 SEX	4 RACE		5. DATE O		EAR 6.	AGE (IN YEARS LAST BIRTI	IDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ge 4	FEMALE	WHITE			LY 23, 18		88	YRS	VINS DATS	HOURS MIN
Po Pol di	To BIRTHPLACE (STATE OR	FOREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED	☐ NEVER MARRI	IED 0	BALTIMORE CITY O	_		
depti depti	PENNSYLVAN		SA	WIDOWE	XXX DIVORC	ED 🗌	BALTIMO	RE COU	INTY	M
by the f	TOWSON	ST. J	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOW IN SUCH FACILITY GIVE STREET ADDRESS! JOSEPH HOSPITAL				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE AT HOME			
AND 212 n 24 hau filled in hauld be	MARYLAND	13h COUNTY	GIVE RESIDENCE BEFOR 130 CITY OR TOW BALTIN		134 INSIDE CITY LIV		streft ADDRESS PRIC	E AVE.	#2	1215
RYL within	14. FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
MA ted months and make the	JOSEPH	SOLO		SUGAR	FAN		REBE		В	LUM
ORE, xecu	160. WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECL				HILIP BERM		1	W11 2
DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours r attending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in by and Amnol Hygiene prior to burial, cremation, or removal. The and Amnol Hygiene prior to burial, cremation, or removal.	NO		217-48-3	3669	3917 SYB	IL RD	., RANDALL	STOWN,		1133
	Conditions, if any gave rise to imcause (0), stati underlying cause	18 CAUSE OF DEATH (Enter only one cause p CEPEBROVASCULAR PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CENTREW ACCIDENT DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								
	190 DATE OF OPERA	OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PE					200. AUTOPSÝ? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) YES \(\text{NO} \)			
		CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR		OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
NG PHY: ottendir ffer this os the bu	(IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, 1	FARM, ETC.]	211. LOCATION STREET	Nj	CITY OR TOW	И	COUNTY	STATE
attenbing spital or att CTOR. After 4 for use as it. of Health or n. of Health or n. 21 is marke	saw the decess obave, (X (we)	220.1 certify that (1Xthis hospital) attended the deceosed from SEPT 7 19 80 , to SEPT 9 19 80 , that (X (we) lost saw the deceosed alive an SEPT 0 19 80 , and that in (1XXVour) opinion death occurred an the date and hour and fram the couses stated above. (X (we) (did) received the body after death.								
ral OR y the horal DIRE detoched oute Depti	Bea	DEGREE DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI								
TO HOSPITAL O retained by the TO FUNERAL DI should be detach with the State De IMPORTANT; If h	22d PHYSICIAN'S N BEATRI	Z P. DIZON	, M.D.		7620	YORK	RD. 2120	04		
Se Con Mark Tark	23a. BURIAL, CREMATION				METERY OR CREMA	ATORY	23d. LOCATION		UNTY	STATE
// BP	BURIAI		4.1980		YESHURUN		BALTI	MORE	seesioo M	ARYLAND
DHMH - 16 50M 1/76	24 FUNERAL DIRECTOR	SOL LEVINSON	& BROS.,	INC.			EC'D. BY REGISTRAR	ShareGISTRA	R'S SIGNIATI	JRE
(VR A 15 (4))	6010 REIST	CERSTOWN RD.	BALTO.	MD	21215	SEP 1	9 1980	Sich File of	M. C. S. C.	7



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

ME Q ()

	- STATE REGISTRAR	ZI ANTI	CERTIFICATE	OF DEATH	REG. NO	o.	3 0
	T. DECEASED NAME FIRST (TYPE OR PRINT) Marior	MIDDLE	Berry		Sept. 9,		26 HOUR 2 P.M.
	Female 4	White	July 8,	DA1895 YEAR	AGE (IN YEARS LAST BIRTH	IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED N	EVER MARRIED	9 BALTIMORE CITY <u>OI</u> Baltin	county of DEATH	MD.
0	Reisterstown	NAME OF HOSPITAL, NURSING	POSESS)	R INSTITUTION		N 126 KIND C WORKING LIFE INDUSTRY Secretary	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 136 COUNTY Balt	LIJC CITY OR TOWN	own YES		134. STREET ADDRESS DO	ver Road	
1	14 FATHER'S NAME Komer MIDI	VanKirk ^s	15. MC	THER'S MAIDEN NAM	Feeley	LA	ST
	16a WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE WA			ormant • Sarah Li	ADDRE	Reistersto	wn, Md.
	18 CAUSE OF DEATH (Enter only part I, DEATH WAS CAUSED & IMMEDIATE () Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	BY KNOCINYI	NA OF	- COLON		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT COL	NOITIONS CONTRIBUTING TO DI	18 Y 3 - 1		NAL DISEASE OR COND	20b. IF YES, WERE FINDING CAUSES	NGS USED
1	OR CONTRIBUTING TO CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA'		OW INJURY OCCURRI	YES NOW	YES [] (IN ITEM 18, PART 1 OR PART 2)	№ []
	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		STREET	CITY OR TOW	N COUNTY	STATE

STATE

sow the deceased plive on_

DEGREE

80

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

226 SIGNATURE

FOR

must be natified of once.

23b. DATE

220.1 certify that (1) (this hospital) attended the deceased from

22e. ADDRESS

Clifton N. 23c. NAME OF CEMETERY OR CREMATORY

230. BURNAL CREMATION, REMOVAL BURNAL BP

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Eline Funeral Home

Sept.13,80 Cedar Lawn Cemetery Reisterstown, Md. 21136

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1.1				nobie ¹	
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	dys.Logi		HEALTH W		0.,
Harris Manny E	deboudanter !	discourse of	7,314-05-055		G
249			ATTEMORES		

	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	
FIRST	MIDDLE	LAST	2a. D.A
		555515	

2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) ARTH		BESOLD	20. DATE OF DEATH MONTH	27/80 1:15P
sex Male	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	White	June 17, 1908	72 YRS	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLIMURE CO	UNTY MD
TOWSON		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TF1001 COVEYING	12b. KIND OF BUSINESS OR SUFFE FAFTSMAN
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF 21111more 130. GVERT			Rd
14 FATHER'S NAME FIRST William	MIDDLE LAST Henry Besol	15. MOTHER'S MAIDER FIRST Laura	N NAME MIDDLE	LAST Harker
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 16b SOCIAL SE S, GIVE WAR OR DATES) 215-05		ADDRESS n M Besold	Same
PART I. DEATH WAS CA	er only one couse per line for (a), (b), NUSED BY: DIATE CAUSE (a)	ond (c).) VARY-CARDIAC FA	I LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 DAY
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	e DUE TO, OR AS A CONSEG		16	1 YEAR
	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION O	GIVEN IN PART 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED PATH? YES NO NO NO
	DE DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM I	18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
22-1 415 41 4 415 (41 1 1	S. D. M. J. L. J. C.	9/26/	80 9/2//	80

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINTS

80

22e. ADDRESS

GBMC--6701 N. CHARLES, STREET 23d LOCATION
COTORTOWN
Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY

(SPEBurial 9/30/80 Parkwood

23b. DATE

22a | certify that (I) (this hospital) attended the deceased from saw the deceased plive on

saw the deceased olive on above ([] [we] /did] [did not

230 BURIAL CREMATION, REMOVAL

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

STATE

that (I) (we) last

22c. DATE SIGNED

9/27/80

24 FUNERAL DIRECTOR DHMH-16 30M 2/80

FOR

of once.

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MPORTANT: If Hem 21 is marked ar Item 18

(VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

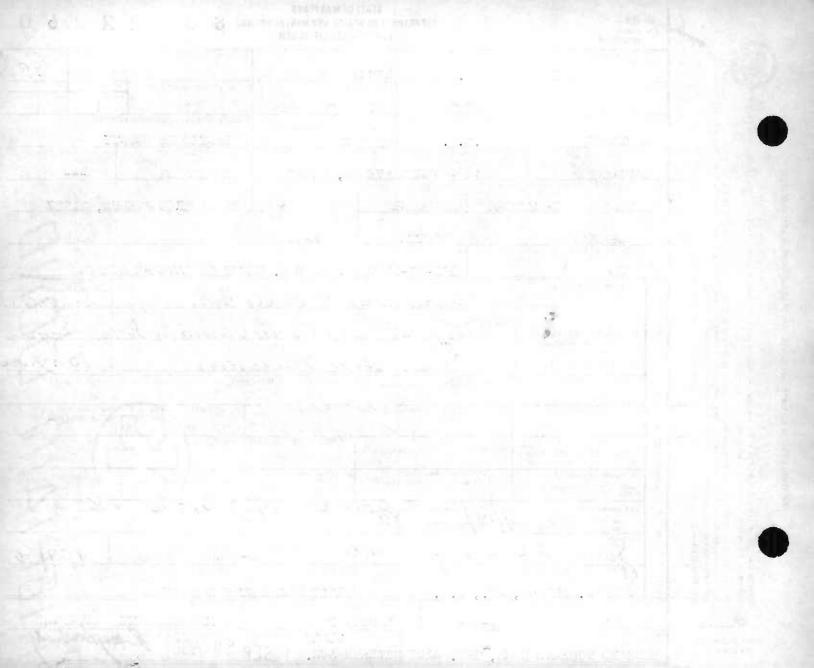
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THE REPORT OF THE SECOND SECON

1990 Maryana San

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(BA)			FIRST	WIOOLE	-	AST	20		ONTH DAY	YEAR	26 HOUR
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od in od 1		IRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN O	F WHAT COUNT	RY? 8	D NEVER MARRIE	9 B	ALTIMORE CITY OR	COUNTY OF D	EATH	
The section of the se		MARYLAND	U.	S.A.	WIDOWE			BALTIMORE	COUNTY		MD
the for division of the formula with the		ITY OR TOWN OF DEAT	H 11. NAME OF		SING HOME	OR OTHER INSTITUTIO		USUAL OCCUPATIO	N 12b	. KIND OI DUSTRY	F BUSINESS OR
201 officed the filed the		LANSDOWNE		24 LAVER		UE, 21227		HOMEMAKER			
D21 4 hou d be	13a	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTIO 3b. COUNTY	136 CITY OR T	OWN	134 INSIDE CITY LIM	AITS? 13e	STREET ADDRESS			
AN 24	M	ARYLAND	BALTIMORE	LANSDO	NE	YES NO	x :	24 LAVERNE	AVENUE	. 21	227
rtely 2 sk	14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	
MAN ed w	1	UNKNOWN	MIDDLE	BURDET	TE	ARABE	A.T.T.S	WIDDLE		DEAL	
xecuti vecuti		WAS DECEASED EVER IN		-		17 INFORMANT		ADDRES	S		.,
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours vision and completely filled in by spers. Pages 1 and 2 should be fill vol. vol.	L '	YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	213-6	2-3169	JOSEPH I	BIG	GS 24 LAVE	RNE AVE	NUE	
SAL ote ote sicro		18 CAUSE OF DEATH	Enter only one couse p	er line for (o), (b)	ond (ch.)	4				APPROXIA	MATE INTERVAL
		PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0)_	aure	enla	v tela	ella	leen		Su	dolar
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ESTO death offend ove co fron, o		Conditions, if ony,	e fix	1 Inne	tiens	ine Cur	din	aserela	11/1/100		2222
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201 es †† pelec uriol	1	PART 2 OTHER SIGNII	FICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	IF TERMINAL	DISEASE OR CONDI	TION GIVEN IN		1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificative the death certification of the death certification of the death certification has been signed by the ottending phose the buriol-transit permit. Then please remove corbon phond Mental Hygtene prior to buriol, cremation, or remorted or them 18 shows ony injury, or other traumottic every many properties.	NO NO			0.010001110		THE RELATED TO THE	TE TEROTTION	DIOENSE ON CONDI		PAICE TO	V
Secondary services on years	CERTIFICATION	190 DATE OF OPERATE	ON 196. CON	DITION FOR WH	CH OPERATIO	N WAS PERFORMED	2		20b. IF YES, WER		
VITAL RI N: The la yssicion. cote hos ronsit per Hygiene 18 shows	1 2							res NO	YES 🗌		NO 🗆
VII hysich hysic		210 ACCIDENT WAS UNDER	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OI	R PART 2)	
ON OF HYSICIA HYSICIA Mis certifi huriol-tr Mentol or frem 1	18	(IF EITHER, NOTIFY MEDICAL	OSE OF BEATH	P.M.	19						
PHY PHYY PHYY PHYY PHYY PHYY PHYY PHYY	MEDICAL	21d INJURY OCCURRE	(AT HOME S	E OF INJURY	ICE EARM ETC 1	211. LOCATION STREET		CITY OR TOWN	co	UNTY	STATE
DIVISION OF PINCE PROPERTY After 14 After 14 Only Only Only Only Only Only Only Only	≥	AT WORK AT WORK	E	JIREET, FACTORT, OFF	ice, rann, erc.,			# 4			01/116
DIN Or Af	1	220.1 certify that (1) (t	his hospital) attended	deceased fro	m Cen	irl (C , 19.	14	10 Sept L	C 19_6	80	that (i) (we) last
TEN Ditol TOR For co		sow the deceased	olive on	after death.	9 80,01	nd that in (my) (our) o	pinion deatl	h occurred on the dot	e and hour and	from the	couses stated
R A Hospital		Th. SIGNATURE	(did not view the bod	arrer deam.		DEGREE			2	2c DATE	ŞIGNED,
AL O The AL DI Jetoch Ote De		Jalin	a. Unlos	hy	m	ATTEND PHYSIC	DING M	RECTOR PHYSICIA	'N 🗆	91	27/80
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17 0 5 5 4 3 8 -1-	23o.	BURIAL, CREMATION, RI			3c. NAME OF C	EMETERY OR CREMA		3d. LOCATION			1000
BP		SPECIFY) BURIAL	09-2	29-80	LOUD	ON PARK		BALT IMORE	CITY		YLAND
DHMH - 16 50M 1/76		UNERAL DIRECTOR	1 07-2				50. DATE REC	C'D. BY REGISTRAR		5770	Bready
(VR A 15 (4))	In	UBBARD FUNE	RAT HOME T	ADDRESS		41447	SEP	29 1980	buland		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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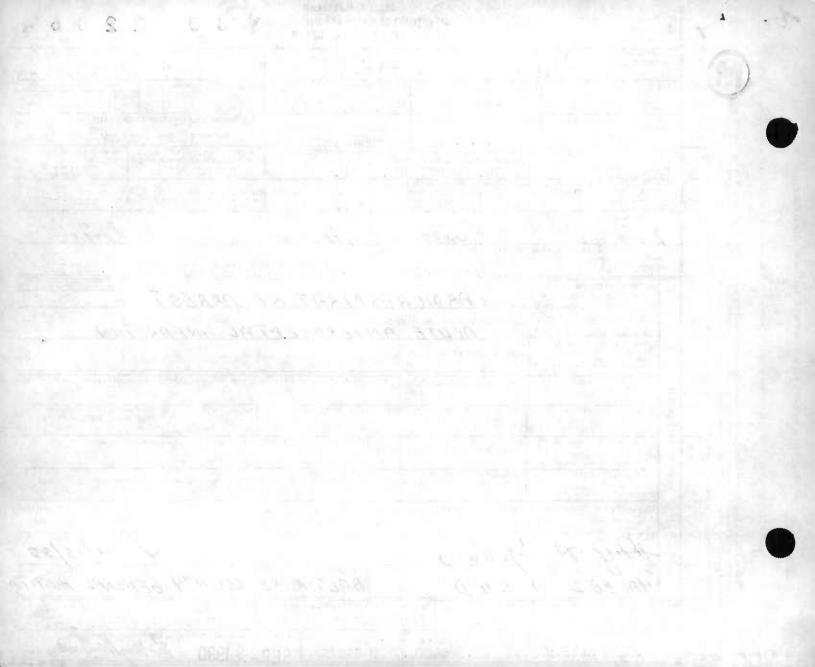
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6				STATE OF MARYLAND		
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-	10	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
The state of the s		EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
(.IM)):	{TYPE	Julia Julia	FredA	Blackman	Seat 13 19	180 ZP.M
	3. SE)		I. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
4. 7 16	J. JL /	Female	1.14:40	MONTH DAY YEAR	77/	AONTHS DAYS HOURS MIN.
oge	7 911		L CITIZEN OF WHAT COUN	1/1Ay 25, 1904	9. BALTIMORE CITY OR COUNTY	OF DEATH
th Po		DUNTRY)	CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	I Paris	OF DEATH
er deo	10.00	New Jersey	J. J. 71.	WIDOWED DIVORCED		MD.
ofter the the divities	0	TY OR TOWN OF DEATH	UF NOT IN SUCH EACILITY GIVES	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
201	1	Hndallstown	Chapel Hill	Nursing Home	Hememaker	Home
haurs d in by d be file	13a. S	TATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CUTY OR	BEFORE ADMISSION) IOWN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	0-
AND 2 AND 2 AND 2 And filled hould be		Md. TAIS		nichtelses NO B	River View	DR
thur thur tely 2 sh	14. FA	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN N	AME	•) LAST
omple ond		Avaust	Forst	er Christ	The second second second second second	1
	16a V	AS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
BALTIMORE ote be execu ysicion and c ppers. Pages val.:	(Y	ES. NOOR UNKNOWN (IF YES, GIVE	WAR OR DATES 213	50 5056 Charles	Blackman ARA	Imere PA.
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W 4 E 0 +		Conditions, if any, which gave rise to immediate	(b)	autrent zeit A	menos demons	
l W. P hat the by the ose rer I, crem ather	-	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		
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이를 다이다 포		Q-Vle	e lover	W.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19-16-80
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	-1	SURIAL, CREMATION, REMOVAL	23b. DATE	TIL III. M. P. I	CITY OR TOWN	COUNTY M STATE
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A Per Car		ANDALLSTOWN	BALTO. COUNTY		IOSP.	SALESLAI	DY RETAIL
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re law requires that the sis been signed by the init. Then please remo prior to burial, crema was any injury, or oth	CERTIFICATION	gave rise to immediate cause tot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	O DEATH BUT N		NAL DISEASE OR COND	DITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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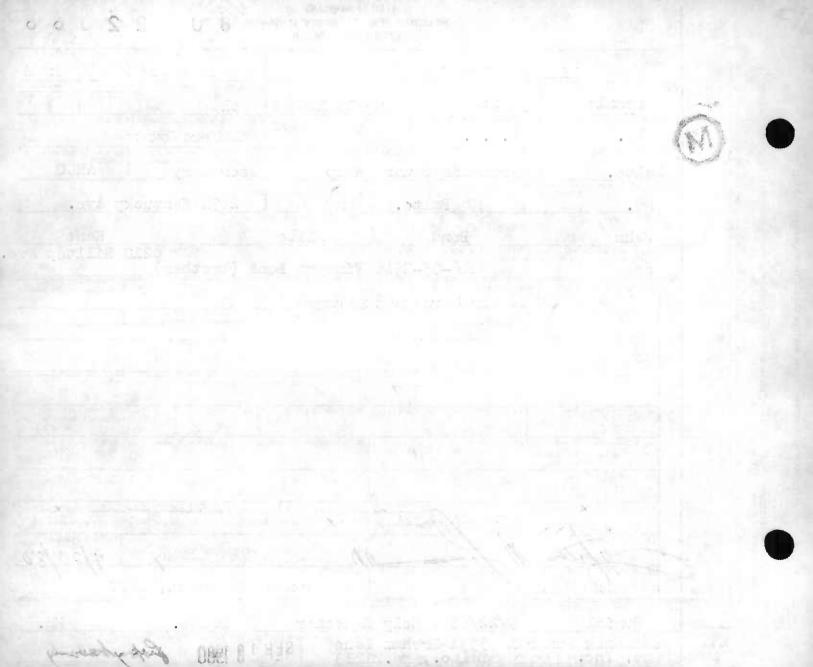
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COLUMN SERVICE SERVICES

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Page 4 r	1	(V)	MONTH DAY	-07 72	MONTHS DAYS HOURS MIN
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physicial papers. F emoval. ic event.		18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART 1. DEATH WAS CAUSED IMMEDIATE	BY: CARCANIA	OF LUNG	
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ed by ease rerial, cr		underlying cause lost	(c)		
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e le la se brit.	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IAN: tian. ficate ssit pe Hygier	4 #	210. ACCIDENTWAS UNDERLYING		JURY OCCURRED (ENTER NATURE OF	
PHYSICIAN: The graph physician. The physician this certificate haurial-transit perm Mental Hygiene dor Item 18 sho	/ -	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR P.M. 19		
S PHY ling ph in this c burial d Men	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET STREET	ON	RTOWN COUNTY STATE
DING P ttending After th s the bur th and N marked	1	AT WORK AT WORK	January, Marion, Oring, Parm, Eley		37716
or a OR: Use a Heal		220 I certify that (I) (this hospita		_, 19, to	, 19, that (I) (we) I
R ATT Sepital RECT d for u		saw the deceased alive on above, (1) (did) (did nat)	grew the body after death.	(our) apinion death occurred on th	ne date and havr and from the couses stated
E p d H		274 SIGNATURE	DEGREE	ATTENDING MEDICAL :	STAFF A 226. DATE SIGNED
ERAL D		Lumphypo	NVD	PHYSICIAN DIRECTOR PH	YSICIAN 9-1-00
HOSP Hed b dbe dbe ATA		THA DUAN	K-XXX	BACTIMIRE C	and Gen Hospit
TO F retair TO F shoul with	23 ₀ .	BURIAL, CREMATION, REMOVAL	1236 DATE 236 NAME OF CEMETERY OR	REMATORY 23d LOCATION	YVUD .
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ni	24 1	UNERAL DIRECTOR	ADDRESS	250. DATE REC'D. BY REGIST	PAR 256 EGIF PAR'S COUNTIE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 80 Broda Frank A. 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS October 13, 1909 MONTHS DAYS HOURS Male White To BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland U.S.A. Baltimore County, DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Steel Rossville ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY 13. SIREFIADORESS May Road 21221 13c CITY OR TOWN 13d. INSIDE CITY LIANTS? Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John MIDDLE Elizabeth Kurlinski Broda 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 216 03 5227 Leona Broda (Wife) Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and ich PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). TENIO SCI erudic Canditions, if any, which

gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] NOT WHILE AT WORK

COUNTY STATE

NO I

YES [

5-20 80, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an above, (1) (we) did) (did nat) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

HYSICIAN'S NAME LIYPE OF PRINT)

77+ ADDRESS 1012

IMOre 23d. LOCATION

CITY OR TOWN

CERTIFICATION

FOR

- STATE

230 BURIAL CREMATION, REMOVAL 236. DATE Sept. 6,1980 (SPECTemetion

Funeral Home

220.1 certify that (1) (this haspital) attended the deceased from,

231 NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

Baltimore City, Maryland

DHMH - 16 50M 7/77 (VRA 15(4))

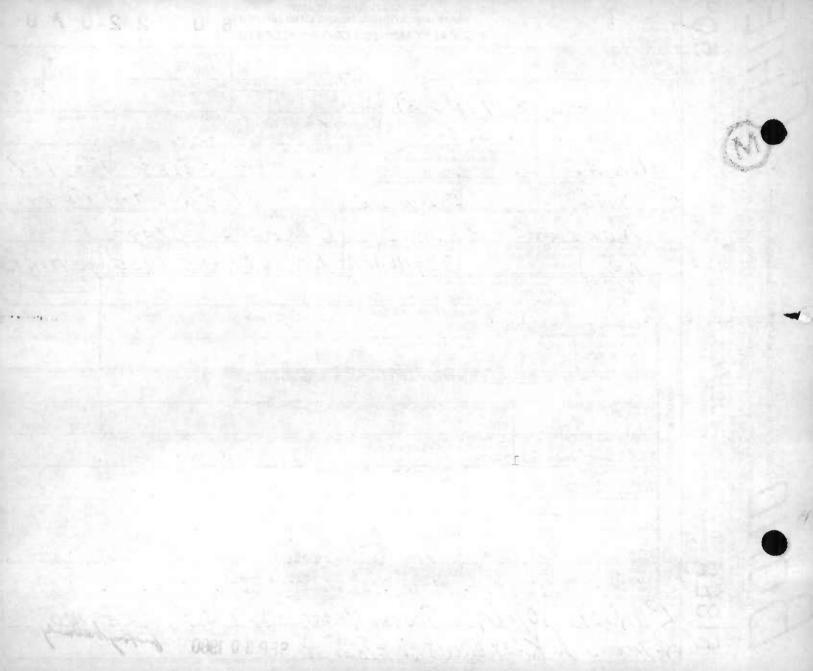
1407 Old Eastern Ave-SFP

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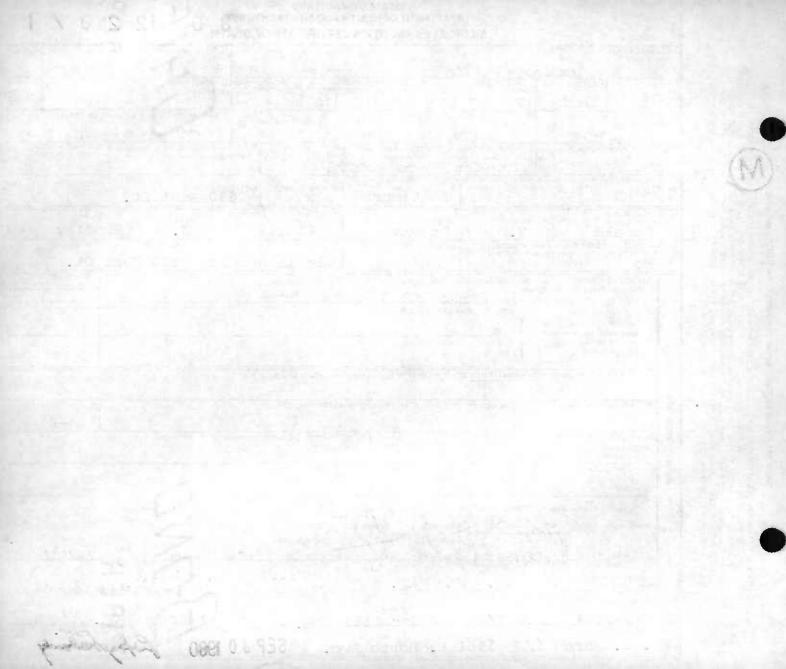
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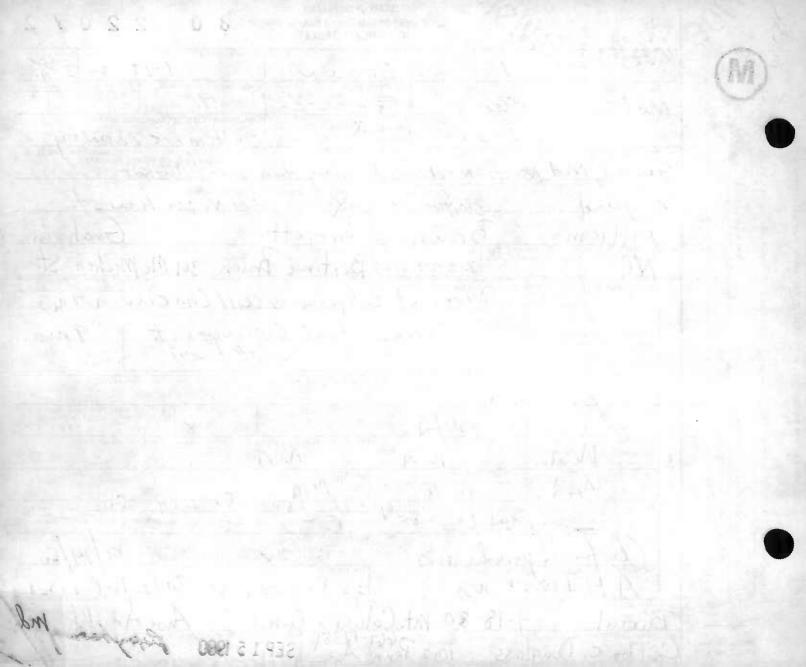
	S. Trub SA			STATE OF MARYLAND	
	100	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE () 2	070
	10	15	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		1. DE	CEASED NAME FIRST		DAY YEAR 25. HOUR
			E OR PRINT)	OF ESTI. ALAL	20. 1100K
	到 吴 双 元 中		David	Robert Brooke DEATH MATED 9	28 1980 M
	当日主交集	3. SEX	1 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED MONTH	DAY YEAR 24 HOUR
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	MAY	12	ARYLAND	Ral Timora Cour	ntv MD.
	11-01	410. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (Type of WORK) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY,
./.	100	1	U.S.A.	I-695 between Belair Rd nr. PuttyHill SALES	FOX CHEV.
	DE NO			R OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)	
00	28 F 28 F 28	13a. S	TATE 13b. COUNT		1 RD.
-		14	HRYLAND	BALTIMORE YES NO 1955 QUENTIN	
9	モーコンシクン	114. E	THER'S NAME	MIDDLE LAST , MOTHER'S MAIDEN NAME MIDDLE	LAST
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IAL	805.58	-	700		APPROXIMATE INTERVAL
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4	S WITHE ENCIL IN MINER . TRANSIT NTAL H REMOVA		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
-	BASSA		lying cause last.		
DIVISION OF VITAL RECORDS, 301	XECU GG B BUR DN, O			(c)	1
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ō	WATCER WATCED PAGE 3 S ITATE DEP	1 2	AT WORK AT WORK		vHill.Balto.M
	# 3 % F.G.	1			
	A S O H O		22a. I certify that I taak chara	e of the remains described above, held an Autapsy , Inspection , Inquiry , and in my ap	inian
	XAMIN ERTIFIC ID BE WITH THE RECTO	1	death resulted fram: Natur	al causes : Accident . Suid be . Hamicide . Undetermined manner .	
	WE ER		- ()	TITLE (SPECIFY)	
	IL EXA IE CER IOULD IN WIN		SIGNATURE	M.D. Deputy Chiexedical examiner Signe	9/28/80
	SE ATEN	1			
	MEDICAL EXAMINER ECUTE THE CERTIFICATE GE 4 SHOULD BE FOR FUNERAL DIRECTOR TER DEETH, WITH THE LITMORE, MARCHAND 21	7	EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Smith, M.D. ADDRESS111 Penn St. Balto., MD	
	TO ME EXECU PAGE TO FU BALTIW	22- 0	ORDAL, CREMATION, REMOVAL 2		
160	Mar 40	230.6	FIFT O 1	36 DATE 234 NAME OF CEMETERY OF CREMATORY 1236, LOCATION COUNTY	NTY STATE
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1	DHMH - 17	24.5	ENERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR TABLE REC'D. BY REGISTRAR TABLE REC'D. TRAR'S S	many -
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1	TYPE OR PRINT)	Donni	se T	inque	Bro	oks	Or Or	H MATED	- ~	27 19 80	
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- Broads	emale	Black	7 17	80 YF	-	10	DE		9	27 1980	5:08
	BIRTHPLACE FOREIGN COUNTR		76. CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MAR	RIED S 9 BALT	IMORE CITY	OR COUNTY	OF DEATH	
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	STATE MD	U3h COUN		Baltimo:	113	d. INSIDE CITY LIMITS?		Kent S	St.		
14.	FATHER'S NA	WE	MIDDLE	LAST	1.	S. MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
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160.	WAS DECEAS	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY		INFORMANT		ADDRESS			
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	18 CAUSE PART I	DEATH WAS CALISE	nly ane cause per line to BY:							APPROXIMA BETWEEN ON	ATE INTERVAL
	79	SA IMMEDIA	TE CAUSE (a) Sud	den Infant		Syndrom	e				
	Candit	ians, if any, which		AS A CONSEQUENCE (Or						
	gave	rise to immediate a) stating the under	(b)	AS A CONSEQUENCE (O.F.						
		ause last.	(5)	TO A CONSEGUENCE O						12.0	
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL OISEASE O	R CONDITION GIVEN IN I	PART 1 (a).				
No.											
1 3	19a. DATE (OF OPERATION	196 CONDIT	ON FOR WHICH OPER	ATION WAS	PERFORMED?				20. AUTOPS	5Y?
CERTIFICATION	21a FYTED	NAL CAUSE WAS	21b. TIME OF	INTEGRA	111, 404	VINIBURY OCCUPA	150			YES X	NO [
	THE PROPERTY OF	G OR	HOUR A.M.	MONTH DAY YEAR		V INJURT OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	FART 1 OR PART	2)	
MEDICAL	CONTRIBU	TING CAUSE OF		F INJURY (AT HOME,	211. LOCA	TION					
ME	WHILE	NOT WHILE [DRY, FARM, ETC.)	STRE		CITY OR	TOWN	COUR	4TY	STATE
	0.00	Realton Ulles		Salwa Caw		1537			Table 1		
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	death rest	Hestroge Har	rg/douses LX	Sur Sur	ylide	Hamicide	Undetermined	manner,			
	ACTUAL SIGNATUR	. [//	Coursel	ly X	MD		hienedical ex	AMINED	DATE	9/30	1/80
2	1	100	1		0	reputy u	TTOTEDICAL EX	MANIAEK	SIGNED	-1/30	700
	(TYPE OR P	RINT) Th	omas D. Sm	ith, M.D.	AD	DORESS111	Penn St.	Bal	to., M	D.	
23a	BURIAL, CREM	ATION, REMOVAL	23b. DATE	23c. NAME OF CEA			23d. LOCATION		COUNT		STATE
0.1		rial	10/2/80	Cedar	Hill	Cem.	Balti REC'D. BY REGIST	more	Co	Contraction of the Contraction o	MD
	FUNERAL DIR		E/H 110	1 D March	1- 2-	ZSO. DATE	P 3 0 196	KAR ZDB. REG	O. L	ha a	de
1	Vm. C.	March :	r/H 110.	l E. Nort	n Ave	e. SE	P 3 0 198	U A	NIFTON	The state of the s	4



	1			STATE OF MARYLAND
1/2	4	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 0 7 2
10	/	1	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
1 1 1 1		1 DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25. HOUR
-	(M)	(1YPE	CRPRINT) Edu	vord Brown 9-14-80 234. m
	V	3 SE	X	4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	once.		lale	Black 8-22-05 75 YRS
	th al		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH
	dea uner 72 r	V		(C) SI WIDOWED DNORCED DO BOH MARK COUNTY MD.
	the function within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR 11 FROM INDUSTRY
5	in by the filed w	10	wison, Md	Wulti-Medical Mursing Home Steel Ularkar
212	a file	USU	AL RESIDENCE DE NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
2	filled i	1	aculant	Batting of 13d inside offy limits? 13d street address Setting of 13d inside offy limits? 13d street address NO 30/ Mech en 57.
X	shouth		THER'S NAME	15. MOTHER'S MAIDEN NAME
MAR	T 00 -10		William	MODIE Brown Harriett MIDDLE Graham
E.	compl 1 and 1 and	16e, V	VAS DECEASED EVER IN U.S. AF	
WO	te be ex ian and Pages the m	1	(ES NO OR OHKNOWN) (IF YES, GIV	NEWARORDATES) 212-01-8/03 Berting Brown 301 Mc Mechen St.
5	siciar siciar val.		IN CAUSE OF DEATH S.	approximate interval BETWEEN ONSET AND DEATH
60	phys pape emov tic ev		PART I. DEATH WAS CAUSE	SED BY. MILE CLASS CONTRACTOR OF STATES OF STA
TS I	na na		11 00 IMMEDIA	ATE CAUSE (0) TOUGHTS TO COLING STATE CAUSE (0) TOUGHTS TO STATE CAUSE (0) TOUGHTS
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ES.	the att		Conditions, if any, which gove rise to immediate	(b) Joansus Cell Williams T 7 Mis
2	that the by the e remo		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF THE LUNG
10	es es			(c)
5, 2	requir signe en ple to bur injur	7	PART 2 OTHER SIGNAL CANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
0.80	any any	15	The second secon	cm ix
RECORDS,	The has k	CERTIFICATION	190 DATE OF OFERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	tan. The cate has it permit permit giene	RTIF	IVA	YES NO X YES NO
7	THE TEST		210. ACCIDENT WAS UNDERLYING	
Ö	PHYSICI ng physici this certif urial-tran Mental H d or Item	CAL	OR CONTRIBUTING ALSE CADE	R) P.M. / 19
DIVISION OF VITAL	ING PHY ending ph After this c the burial. n and Men harked or	MEDICAL	214 INJURY OCCURRED	216 PLACE OF INJURY 1 AT HOME, STREET, MCTGRY, OFFICE, FARM, ETC.) 216 LOCATION STREET, MCTGRY, OFFICE, FARM, ETC.) STREET, MCTGRY, OFFICE, FARM, ETC.)
2	After After the than mark	3	AT WORK AT WORK	/V/A
•	or a or a Se as Se as Health		220 I certify that (I) (this hosp	pitol) attended, the deceased from less 7 /2 19 80 , to 19 19 19 19 19 10 , that (1) (we) lost
			sow the deceased when its	ond that in my) our opinion death occurred on the date and hour and from the causes stated
	P P P P P P P P P P P P P P P P P P P		226 SYGNATURE	DEGREE THE DATE SIGNIO
	1 a 1 2		(leturo N	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
	by ER		226 PAYSICIANS NAME,	
	TO HOSPITAL etained by the TO FUNERAL I should be detack with the State E MPORTANT: I		AHJAN	Vostina 121 Co Copper ST BALL Mil 21201
- /	TO F should with	730	SURIAL, CREMATION, REMOVAL	1 236 DATE 1237 NAME OF CEMETERY OF CREMATORY 1234 LOCATION
1411	DD	7	SECIEA)	G 19-90 M. L () CITY OF TOWN A
101	BP	74-5	JNERAL DIRECTOR	10 9-173 Iss. DATE REC'D. BY REGISTRAR ISL WAS SOLDE
	DHMH-16 25M	77	NAME	ADDRESS () VC 1 1 CCD 1 5 1000
	(VRA 15, 4) 1/79	4	WIND C. INU	aglass 1012 tenn Ave SEP 13 130



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LACE T. COCK 1517 THRE RETURNS VILLE VILLE

			STATE OF MAKTLAND								
	1	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 0 7 CERTIFICATE OF DEATH							
ge 3		CE ASED NAME FIRST	AVId 9	id Ti Bungess			20 DATE OF DEATH MONTH DAY YEAR 25. HOUR			IOUR	
age 4 mar ector, pa rs after di once.	3 SE	MALE	1 RACE	CAUC, TO CITIZEN OF WHAT COUNTRY? 8 4.5,		IRTH JOAY / 9 OF YEAR	9 YRS. 9 BALTIMORE CITY OR COUNTY O		FUNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS A OF DEATH CORUTY		
dearn. P	· ·	IRTHPLACE (STATE OR FOREIGN OUNTRY)	4.3			NEVER MARRIED (S.					
by the fuel within		BA-TO.	CO BAL	TO, C.	ADDRESS)	THER INSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF BUS	SINESS	
filled in utd be fi	USU 13a		ME OR OTHER INSTITUTION OUNTY	N. GIVE RESIDENCE BEFOR	/N 131	I INSIDE CITY LIMITS?	130. STREET ADDRESS	745 EM7	HILL	RA	
cuted with	14. F.	ATHER'S NAME FIRST	7 MIDDLE	LAST	15.	MOTHER'S MAIDEN NA	MIDDLE		LAST		
be exec		NAS DECEASED EVER IN U.S.	S. ARMED FORCES? S. GIVE WAR OR DATES)	16 SOCIAL SECT		MIGGE	ADDRE	SS	BE.		
that the death certific y the attending physis remove carbon papes cremation, or remov or other traumatic evo		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.							APPROXIMATE BETWEEN ONSET	AND DE	
The law requires te has been signed it permit. Then pleas iene prior to burial shows any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV						20b. IF YES, W	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
PHYSICIAN ig physician. this certificat urial-transit p Mental Hygin d or Item 18		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY L.M. MONTH D P.M.	AY YEAR	CHOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)		
CING PHY tending ph After this c the burial- th and Men marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE,		LOCATION	CITY OR TOV	VN .	COUNTY	STATE	
TO HOSPITALOR ATTENE etained by the hospital or at TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Heal MPORTANT: If Item 21 is 1		220 I certify that (I) (this to sow the deceosed alivobove, (I) (we) (did) (22). SIGNATURE 224. PHYSICIAN'S NAME (1) UAN CO	rype OR PRINT)	7/20/193	DEC	REE	. to /23 / 4 and death occurred on the did	ate and hour or			
TOF TOF With With	23o.	BURIAL, CREMATION, REMO SPECHY) BUNIAL		0/80 130		ETERY OR CREMATORY	23d LOCATION SUY OR TOWN	MD.	UNTY	STATE	
DHMH-16 25M	24 F	UNERAL DIRECTOR	13	ADDRESS	/ Les	1 A SEP	TE REC'D. BY REGISTRAR	Listery,	SIGNATURE	,	

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STATE REGISTRAR DECEASED NAME TYPE OF PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG NO

20 DATE OF DEATH MONTH

1980

2h HOUR

126. KIND OF BUSINESS OR INDUSTRY Retired

Barrett

21228

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 mes

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

22c DATE SIGNED

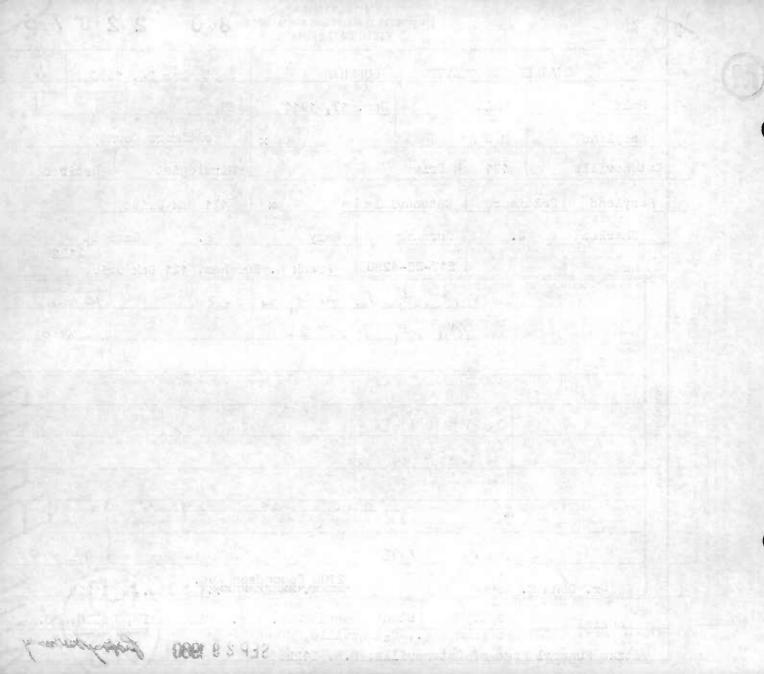
Pikesville, Balto, Md.

24 FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md 250. DATE REC'D. BY REGISTRAR 250. REGI Witzke Funeral Home of Catonsville, P.A. 21228

Stone Chapel Meth. Cem.

DHMH - 16 60M 1/75 (VRA 15(4))

Burial



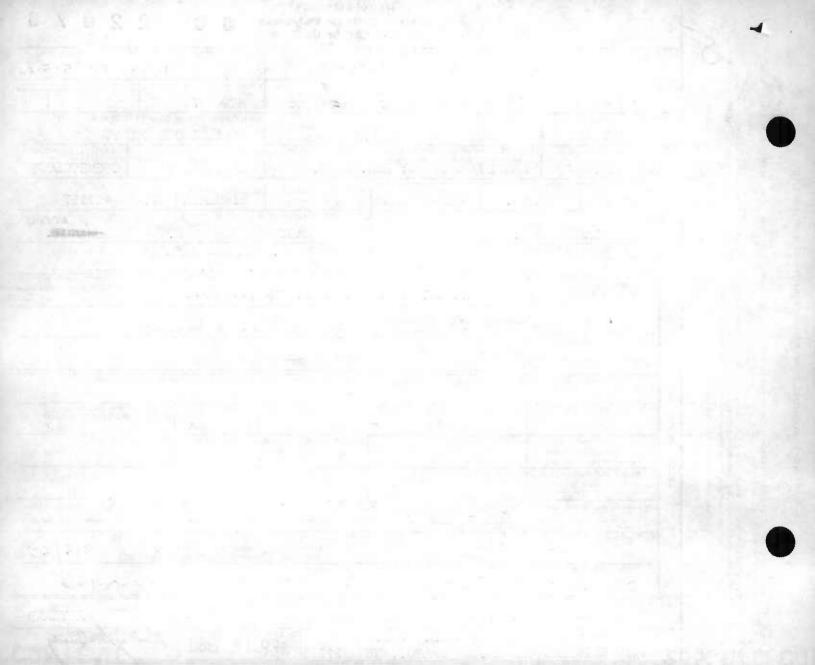
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20	I	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	-		2 0	7 7
()			RST	MIDDLE		AST	REG. N 20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
r dept			TFR /	A. BUS	ENIU	s Sr.		9/27	7/80	9:45F
	3. SI	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HR
	L	Male	Whi		Nov	40000	71	YRS		MIN.
o ouce		IRTHPLACE (STATE OR FOREIG COUNTRY) Maryland		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY C	_		٨
De notified		OWSON	(IF NOT IN SL	ICH FACILITY, GIVE STREET	ADDRESS)	RLES ST.	120. USUAL OCCUPAT			F BUSINESS O Balto County
3	13a.	at residence (if nursing h state 13b aryland E	ome or other institution country altimore	13 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	13. SIREEL ADDRESS	:h Bend		
13/	14. F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				
3		Walter	Ö.	Büser	nius	Elizabe	th		Otto	
1		WAS DECEASED EVER IN U	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRI	SS		
1		No		215 03	7151	Walter A.	Busenius,	Jr.	Md.	MATE INTERVAL DNSET AND DEATH
manual minut, an amount	CERTIFICATION	underlying cause la	the DUE TO, Cost. (c)		DEATH BUT	NOT RELATED TO THE TERM	200. AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
a		21a. ACCIDENT WAS UNDERLYI	- 110	OF INJURY	AV YEAR	21c. HOW INJURY OCCUR				NO []
1	S A I	OR CONTRIBUTING CAUSE	OFDEATH	.M.	19					
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE [LAT HOME C	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		226.1 certify that (this saw the deceased all abave, (14 (we) (did) (14/	, ta9/2/ death accurred an the de	, 177	nd fram the c	
		226. SIGNATURE	Tollier		_	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	F IAN TX	22c. DATE S	27/80
		22d. PHYSICIAN'S NAME MOHAMM	ED TAI	3BAA		GBMC670	D1 N. CHAR			
	E	BURIAL, CREMATION, REM (SPECIFY) Bu ri al	10/1,	/80 P	arkw	emetery or crematory	Balto.,	Counf	OUNTY	Mä.
0	24 F	UNERAL DIRECTOR HET	_	ADDRESS		256. DA	TE REC'D. BY REGISTRAR	25b. REG RA	R'S SIGNATU	Creedy

TO ELECTION OF THE PROPERTY OF

First Discourse Blance Co. Henry L. Course, Mo. Henry Vone Ford Galbo, Md. 21212

1	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	TAL HYGI	0 0	2	2 0	7 8
	DECEASED NAME FIR	ST A	NODLE	LA	\$T		REG. No.		DAY YEAR	2b HOUR
thesath	TYPE ORPHINT)	HEL	MARIE	CA	PLAN			9	8 80	5.50AM
s after d	FEMALE	1 RACE CA HE	Acion.	S DATE OF	BIRTH 7	ÖŽ	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
72 hour	I. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF V	WHAT COUNTRY	MARRIED	NEVER MARI	RIED [BALTIMORE CITY O	R COUNTY		MD
of the no	RANDALLSTOWN	(IF NOT IN SUCI	OSPITAL, NURSI H FACILITY, GIVE STREE ORE COUN	T ADDRESS)	. HOSP.	TION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O MANICURIS	F WORKING LIFE	E) INDUSTRY	F BUSINESS OR
niner m	SUAL RESIDENCE (# HURSING H 30 STATE 136 MARYLAND	OME OR OTHER INSTITUTION, COUNTY BALTO.	GIVE RESIDENCE BEFOR		131. INSIDE CITY L	LIMITS?	130. STREET ADDRESS 61 MERIAN	CT.	#211	.17
diesal exa	FATHER'S NAME FIRST WILLIAM	MIDDLE F.	PARK	ER	15. MOTHER'S MA FIRST M	IARY	WIDDLE	Ξ.	-UNK	NORRIS
t, the medical	(YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	213-40-		17 INFORMANT 2 TENTM		MICHAEL CR A., APT. I	EAN	#21208	MATE INTERVAL
prior to burial, cremation, or re ws any injury, or other traumat	Conditions, if ony, whi gove rise to immedia couse 101, stoting to underlying couse to PART 2 OTHER SIGNIFIC	ote (b)	R AS A CONSEQUENTRIBUTING TO	DEATH BUT P		THE TERMI	NAL DISEASE OR CONI		EN IN PART 110	
n 18 shows	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYB			_			YES NO D	IN CERTIF	YING CAUSES	
0	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF DEATH HOUR A./ MINER) P.A 21e PLACE C		19	711 LOCATION STREET	~	City or fov		COUNTY	STATE
e Dept. of Heal T: If Item 21 is	27e I certify that (I) (this saw the deceased of above, [I] (we) (did) (00 -	8- 19_	80 000	that in (my) (our EGREE	NDING	eath occurred on the do	FF a		
with the State Del	778 PHYSICIAN'S NAME DIR & SM		PATEL		370 ADDRESS	Cou	unto ben	teo	sporto	ne
	BURIAL, CREMATION, REM (SPECIFY) BURIAL		,1980 F	HEBREW	METERY OR CREA		23d LOCATION CITY OF TOWN BALTIMOI	RE	COUNTY	ARYĽÁND
MH-16 25M A 15, 4) 1/79	FUNERAL DIRECTOR SOINAME 6010 REISTE			INC.	21215	OFF	REC'D. BY REGISTRAR	25b. RESIST	AR'S STANK	RE



- A	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENES U	226	, , ,
(M)		CEASED NAME FIRST OR PRINT) Anten	MIDDLE	Cap	palone	20. DATE OF DEATH		O 6 Dom
recto urs o	3 SE		white	S. DATE C		6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN
death Pe	C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) Italy	76 CITIZEN OF WHAT COUNTRY	WIDOWE		Baltimore city o	re Count	
by the filled with	(Catensy The	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FOREST NO	T ADDRESS)	mara h	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Labore	WORKING LIFE) INDUS	IND OF BUSINESS OR STRY
filled in hould be	130	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN	VIY 13c. CITY OR TOV		YES NO NO	13e STREET ADDRESS 315 In	sleside	ove
pompletely ond 2 s		Unknown	MIDDLE LAST		IS MOTHER'S MAIDEN NAM FIRST Unkn	own		LAST
on and co		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	the forces? 166 SOCIAL SEC EWAR OR DATES) 211-5	URITY NO 4- 756	17 INFORMANT 2 RECORDS OF 2 FAREST HAVE	NS9 Home	BALTO.	eside AVE md. 21228
oth certificate ending physici carbanpaper o, ar remaval. matic event, th		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ai DBY: TE CAUSE (a)	2.2	819		867	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
gned by the atternation of please remove burial, cremation by, or other trausity.		Conditions, if any, which gove rise to immediate cause io), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU		NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PA	RT 1(a
on. has been sin permit. The ene prior to ows any ingu	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b IF YES, WERE F IN CERTIFYING CA YES	
ding physicial is certificate h burial-fransit p. Mental Hygiel yr item 18 shave		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAI	RT 2}
ettendin ter this os the bu- h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNT	Y STATE
Spital or CTOR. Al for use of of Health		saw the deceased alive on	at view the bady after death.	arra-	d that in (my) (aur) apinian d	eath accurred on the da	te and haur and from	that (I) (we) last m the causes stated
AL OR ATT y the hospir (AL DIRECTO detoched for ote Dept of IT: If Item 2		22b. SIGNATURE	B16	Ü	ATTENDING PHYSICIAN	MEDICAL STAF	F _ 17	DATE SIGNED
TO HOSPITAL TO FUNERAL should be detr with the Stote		22d. PHYSICIAN'S NAME (TYPE O	ORPRINT) B A	308	22e ADDRESS 220	Park	Hey	not
D & D & 3 &	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1-0 10-	NAME OF C	EMETERY OR CREMATORY JS MEM PARK	23d. LOCATION CITY OF TOWN	COUNTY	STATE Md.
PHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR RSHALL W JON	ES.JR/4101 PRESELL	DMOND		REC'D. BY REGISTRAR	25b. RE 3 5 5 6	marry

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CHART - SH CHRIDINE 9- 40 40 [PS Sold (E. Charles Burn Chart Albert Corputer will form Mrs Falto Private of toplastill for Charles & Coming File Collison Bertell 7-11-2 Fleishillen Bern Talk Me Every Mineral Street No. 100 1 1 1980 Personal many

Leonard J Ruck Inc. Baltimore, Maryland

FOR STATE

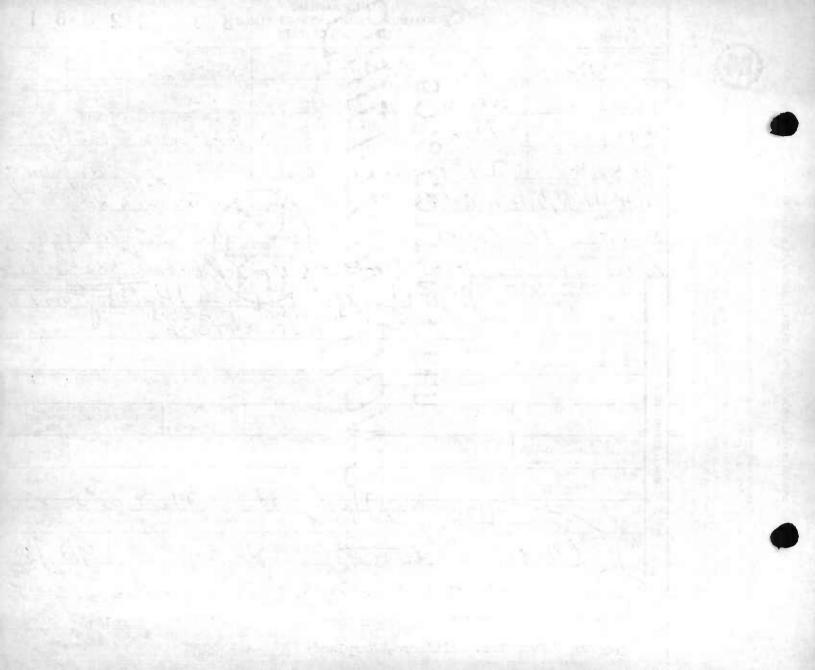
(VRA 15(4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE (S)

CERTIFICATE OF DEATH

REG. NO.



STATE OF MARYLAND
DEDARTMENT OF MEALTH AND MEL

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(3)	0	0
0	2	2

REG. NO.

2	2	0	8	2
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1980

IF UNDER I YEAR

MONTHS DAYS

McMahon

2b HOUR

126 KIND OF BUSINESS OR

8:30AM

	- STATE REGISTRAR
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FD NAME 26 DATE OF DEATH MONTH Walter dyrion September 20 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 84 October 14,1895 White Male 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH New York MARRIED NEVER MARRIED U.S.A. DIVORCED [Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Boiler Maker B&O RR Josephs Hospital USUAL RESIDENCE (IF nursing home or other institution, give residence before admission) 130 STATE | 13b COUNTY | 13t CITY OR TOWN 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3 Manor Ave Baltimore Overlea YES [NOX Maruland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE Adella Philip Carrion ADDRES Columbia, Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr Walter J Carrion 6423 Amherst Ave 820-03-8898 WW 11 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED NOT WHILE WHILE AT WORK

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

CITY OR TOWN

COUNTY

22c. DATE SIGNED

YES [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NO [

STATE

sow the deceased alive on above (1) we) (did) (did not) view 22b. SIGNA

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

DATE

22a.1 certify that (1) (this hospital) attended the deceased from

22e. ADDRESS

ATTENDING

DEGREE

St Joseph

MEDICAL DIRECTOR | PHYSICIAN |

MPORTANT: Shoul with 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

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24 FUNERAL DIRECTOR

Leonard J Ruck Inc. Baltimore Maryland

9/23/80

231. NAME OF CEMETERY OR CREMATORY Fullerton

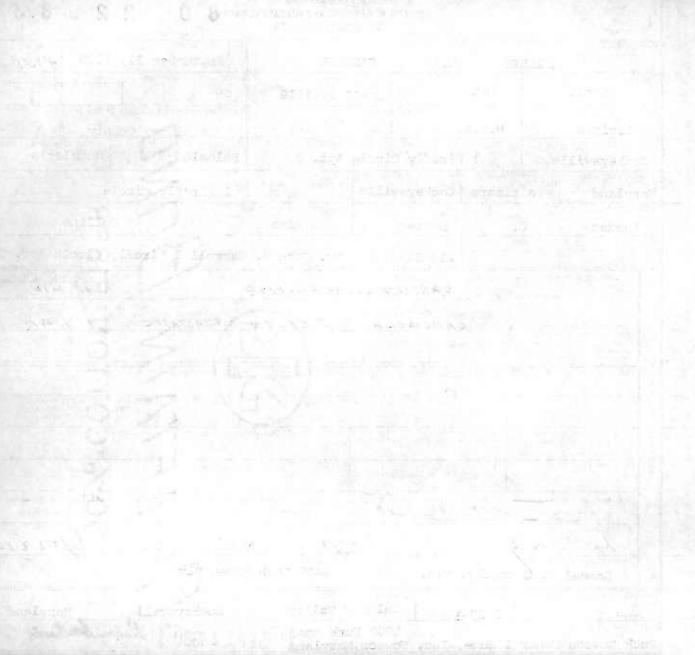
Baltimore Mane

250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SUNATURE -

STAFF

DHMH - 16 50M 1/76 (VR A 15 (4))

The transfer will be the control of the control of





TO HOSPITAL CENTIFINDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY- CERTIFICATE OF DEATH	GIENE 8 0	22084
M	1. DECEASED NAME FIRS		Carter		25 80 7:55am
101	Female	4 RACE Black	5. DATE OF BIRTH MONTH 4- 15 - 84	6. AGE (IN YEARS LAST BIRTH	HOAY) IF UNDER I YEAR IF UNDER 24 HRS
of or	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COUN	ITRY? I MARRIED NEVER MARRIED WIDOWED A DNORCED	Baltimore CITY OF	
by the fune iled within	Garrison, MI	(IF NOT IN SUCH FACILITY, GIVE	ursing home or other institution street address) Valley Center, Inc	128 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Housewif	WORKING LIFE) INDUSTRY
should be t	USUAL RESIDENCE (IF NURSING HE 130 STATE THE C		BEFORE ADMISSION)	13e STREET ADDRESS	tson Lann
completely s ond 2 sh	14 FATHER'S NAME FIRST William	MIDDLE LAST		MIDDLE	Snowden
Poges	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT -58-9474 Hilda Dor	ADDRES	
ugned by the ottending physici en please remove carban paper burial, cremotion, or removal. ury, or other traumatic event, th	Conditions, if any, which gave rise to immedial cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF COLUMN	A SHOWA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OUTTON GIVEN IN PART I (a)
hos been t permit The tene prior it	196. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certificate virial-transit vental Hygin r Hem 18 sh	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOT IN MEDICAL EXAMINATION OF CONTRIBUTION OF	OF DEATH HOUR A.M. MONTH	1 DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART T OR PART 2)
After this os the builth and M	AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) STREET	CITY OR TOW	
ECTOR de of Hea	220 I certify that (I) (this saw the deceased alm abave, (I) (we) (did) (d 22b. SIGNATURE	haspital) attended the deceased five on 18 Sept.	00	death occurred an the da	te and hour and from the causes stated
by the h	22d PHYSICIAN'S NAME I	viouce Avan	ATTENDING	MEDICAL STAF	Sept 25 80
should be d	LAWRENCE	BOAS MA	50500771		a cockes sville No
BP	230 BURIAL, CREMATION, REMO (SPECIFY) Burial	9-29-80	Mt. Calvary Cem.	A. A. C	A CONTRACTOR OF THE PARTY OF TH
DHMH-16 20M (VRA 15, 4) 7/7B	Brown & Thon	. Brown & Som mpson PA 1913	W. BaltimoreSt SE	P 29 1980	Koffey Mi Creedy

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VR A 15 (4)) 9/74

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5.71	James Chilis	217 26 5220	
.nvs	C 8 7) seena detais	Funtal Hanny V

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE

	F	REGISTRAR				CEKIII	ICAIE OF DEATH	REG. N	0.		
	I. DECE	ASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
			James	Vin	cent	CI	HIODO	September	4,	1980	8:00am
	3 SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Male		White		July		69	YRS.	MONTHS DAYS	HOURS MIN
0	70. BIRT	HPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B	NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
5	W.	Virgin	ria	USA		WIDOWE		Baltim	ore Co	ounty	MD.
1	RO.	or town o	F DEATH	Frankl	HEACHLITY, GIVE STREE	are H	ospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Welder			el
5	130. STA Mar	yland	Hart	TY	Bel Ai	RE ADMISSION) WN 7	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 973 D Red	fiel	d Road	
	14. FATH	ER'S NAME		MIDDLE	1 457		15. MOTHER'S MAIDEN NA	WE			
6		Frank	2 -	****	Chiodo		Carmela			DeMas	i
			EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	SS		
2	(YES	NO OR UNKNOW	(IF YES, GIV	e war or dates) 2 1	3-07-4	144	Mrs. Anna	C. Chiodo	, Be	l Air.	Md.
	18	PART I. DEA			line for (a), (b), a		tabalia Aaida	ni a		BETWEEN	MATE INTERVAL ONSET AND DEATH
		110	IMMEDIAT	E CAUSE (o)	ntractat	те ме	tabolic Acidos	272			
		160	7	DUE TO, O	RAS A CONSEOL	JENCE OF	7 6 17				
		Conditions, if gove rise to		((b) H	ypoxemia	t, Kena	al failure				
		cause (a),		DUE TO, OF	R AS A CONSEOU denocard	JENCE OF CINOMA	of lung				
	P	ART 2. OTHER	SIGNIFICANT				NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 116	2)
								WAL DIDENSE ON CO.	D111011 01		
>	CERTIFICATION	o. DATE OF OI	PERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	S, WERE FINDIN	OF DEATH?
-	E -	La ACCIDENT W.	AS UNDERLYING	21b. TIME O	F INTHIDY		11, HOW INTURY OCCUPY	YES NOX		'ES	NO []
1			CAUSE OF DEA	1122112	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KEL (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART I OR PART 2)	
1	J L	(IF EITHER NOTIFY	MEDICAL EXAMINER	P./		19					
	0 0	A INCHIEN OC	CHIPPED	21. DIACE	OF INTUINY		211 LOCATION				

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE September 80 and that is 220.1 certify that XI) (this haspital) attended the deceased from saw the deceased alive at September 4 19 above XI) (we) (did) (XXXII) view the body after death.

 $(\stackrel{\longleftarrow}{M_{V}})$ (aur) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

Sheldon Milner, M.D.

22e ADDRESS 9000 Franklin Square Dr. Balto., Md. 21237

9/4/80

STATE

COUNTY

23e. BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

DEGREE

Air

23d LOCATION

Burial 24 FUNERAL DIRECTOR

226 SIGNATURE

McComas III, Abingdon, Md.

BY REGISTRAR

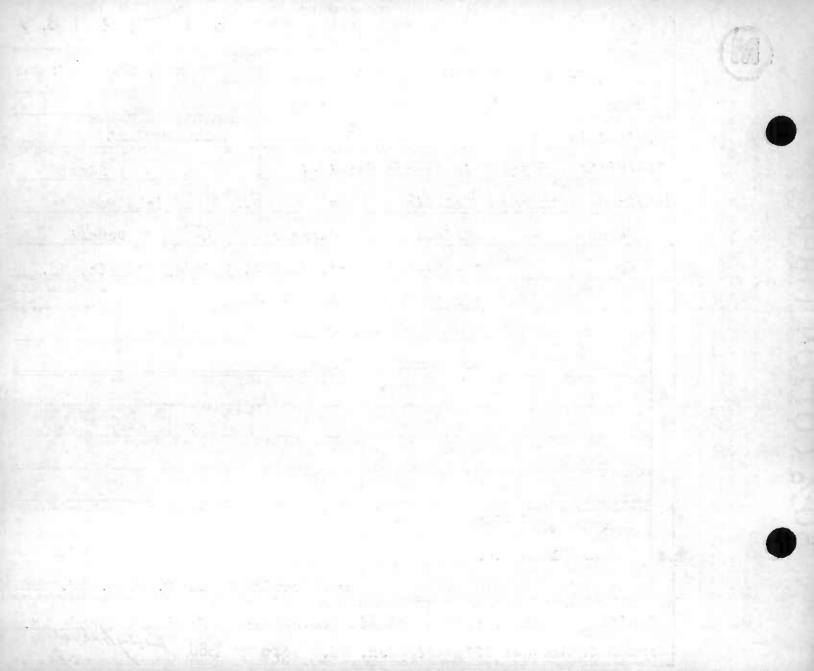
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Hem 18 shaws

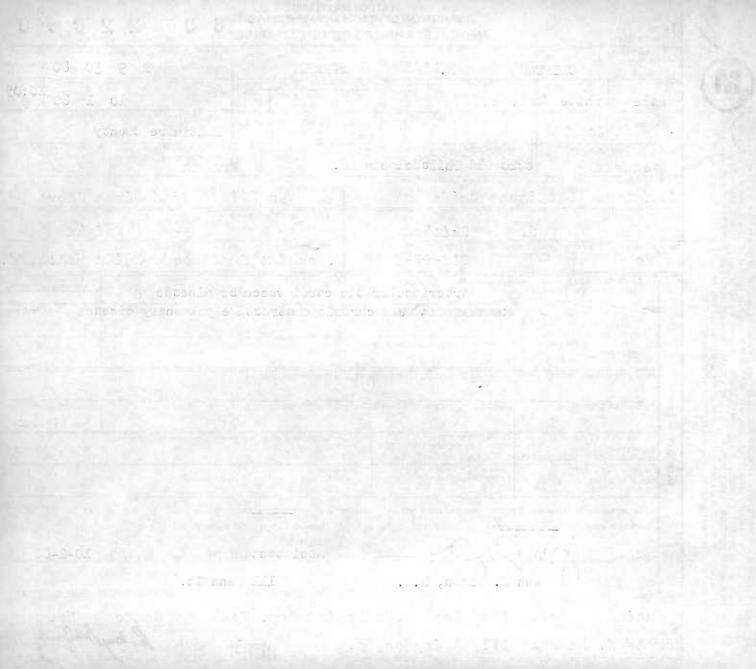
MEI

Mem. Garde



DEPARTMENT OF HEALTH AND MENTAL HYGIENEC - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) E.LIAS 1080 CHISOLM DEATH MATED 9 CLIFTON . SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. LAST BIRTHDAY) PRONOUNCED Mar. 22, 1915 male DEAD TO CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN Maryland USA Baltimore County DIVORCED IN CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
WORKER 8226 Old Philadelphia Rd. Rosedale Steel 130 11300 Bird River Grove Rd 13d. INSIDE CITY LIMITS? Baltimore white Marsh 15. MOTHER'S MAIDEN NAME John Knight Mary 17. INFORMANT ADDRESS 218-07-8019 W. Douglas Smallwood, White Marsh, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease & PART I DEATH WAS CAUSED BY OKKENDRAKKENHKKOICHTONIC obstructive pulmonary disease Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on death resulted from: TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 10-2-80 SIGNATURE MORE Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT) 23d. LOCATION Oct. 4, 1980 Fork U. Methodist Cem. Md. Burial Fork Balto 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b, REC-DHMH - 17 Howard K. McComas III Abingdon, Md. VR A15 ME (5)

15M7/76

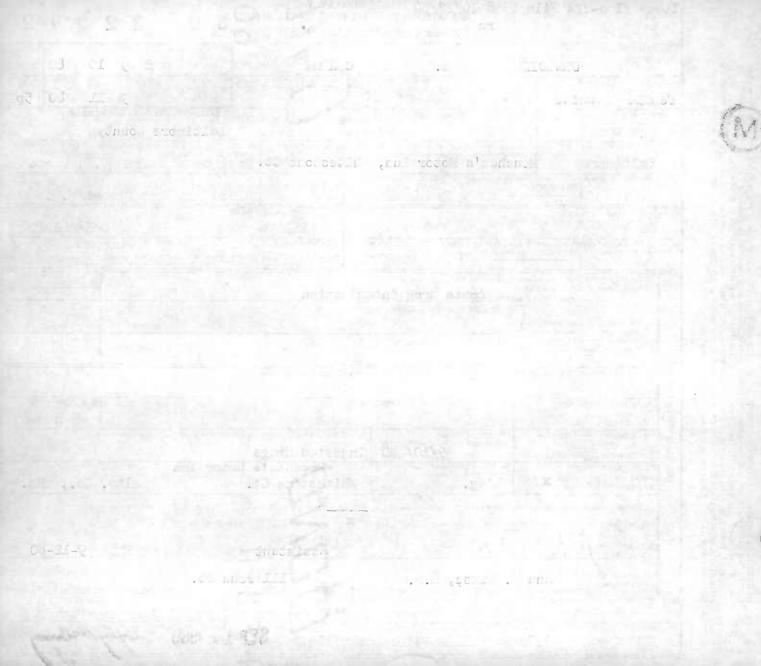


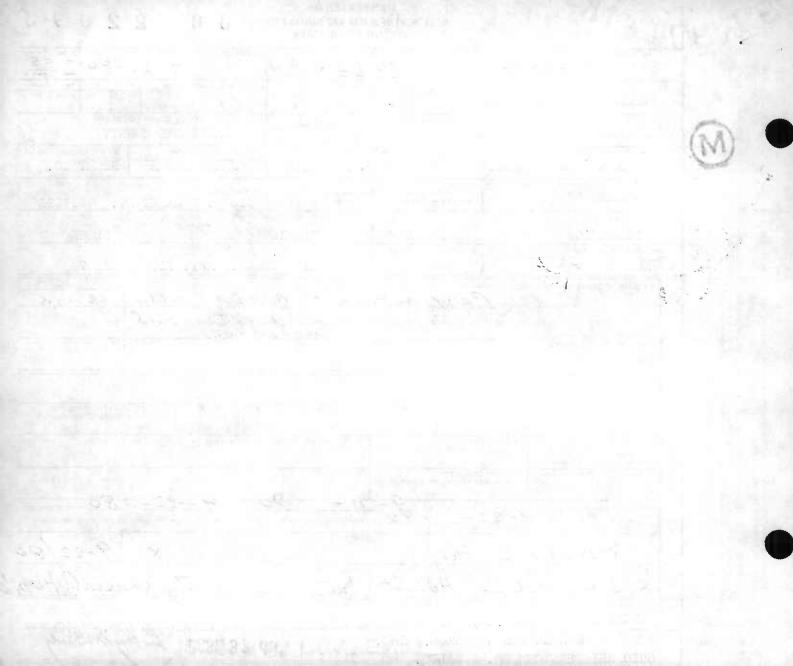
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Ethel Clements September 27 1980 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female White March 6. 1898 To. BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWEDM DIVORCED | Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Housewife Josephs Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13r. CITY OR TOWN 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore Granite Davis Ave. 27763 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John McDonald EmmeHenru ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Pasadena, Maryland (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-74-4907 7885 Belhaven Ave. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY my o cardial IMMEDIATE CAUSE (0) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST viscopence of mina xlix Conditions, if ony, which gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(D) CERTIFICATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? ped and Mental Hygiene 9/26/80 NOS YES [NO [burial-tronsit 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that M (this haspital) attended the deceased from. 80, that (IT (we) lost 80 . and that in-(our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on. obove, (f) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR DHYSICIAN PHYSICIAN MPORTANT ld be 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS RLANDO MERO Shoul with 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION STATE (SPECIFY) Good Shepherd CemeteryEllicott City Howard Md Burial 24 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. DHMH - 16 50M 1/76 (VR A 15 (4)) Loring Byers Funeral Directors, P.A.



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A service	I. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST	MED	WIDDLE	LAST	FICATE OF	20. DATE KN			2b HOU
4			FRANCI		G.	COHE		DEATH M		10 19 80	
	fe.			pate of Birth Peb. 21,	1946 6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		PRONOUNCE DE AD	D 9	11 ₁₉ 80	2d. HOU
	7a BII	RTHPLACE ISTATE OR		CITIZEN OF WHA	T COUNTRY?		NEVER MARRIED	XX	E CITY OR COU	NTY OF DEATH	7.5
+	10. CI	New York	ATH U		TAL, NURSING HOME, OI	R OTHER INST	DIVORCED	USUAL OCCUPAT	Ore Coul	NTY K 126 KIND OF BUS OR INDUSTR'	SINESS
	LICITA	Baltimore		eusnaw's	Motor Inn, RESIDENCE BEFORE ADMISSION)	Whites	tone Ct 1	Registere	d Nurse	V.A. Hos	
		D.C.	13b. COUNTY	THER INSTITUTION, GIVE	13c CITY OR TOWN Washington	13d. INS	IDE CITY LIMITS? 130	street address 2939 Van	Ness St	reet N.W.	
	14. FA	Jack		AIDDLE	Cohen		THER'S MAIDEN N	MIDDE	J.E	Weissbla	att
		VAS DECEASED EVEL S NO, OR UNKNOWN)	R IN U.S. ARMEI		166. SOCIAL SECURITY NO. 084-36-8832		ormant k Cohen	11031 Car		otomac, Md	1.
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	MEDICAL CERTI	UNDERLYING CONTRIBUTING	CAUSE OF DEA	P.M. 21e. PLACE OF	9/10/180	211. LOCATION	ed drugs eushaw's stone Ct.	Motor In	(COUNTY CO.,	Md.
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	WEDICAL MEDICAL	UNDERLYING CONTRIBUTING 21d. INJURY OCCUI WHILE NO AT WORK AT WORK deoth resulted fro	CAUSE OF DEARRED T WHILE WORK I I look chorge o m: Naturol E Ann REMOVAL 23b.	21e. PLACE OF STREET, FACTO DICE. of the remains description of the remains description of the remains description. M. Dixo	9/10/180 INJURY (ATHOME. 27, FARM, ETC.) ibed obove, held on Accident , Suicide	Autopsy X M.D. A ADDRE	eushaw's stone Ct. Inspection Comicide LE (SPECIFY) SSISTANT SS	Inquiry Undetermined monn MEDICAL EXAMIN Penn St. 23 LOCATION CITY OF TOWN	Balt ond in my er DAT SIGN	opinion	80





Leonard J. Ruck, Inc. 5305 Harford Road 21214

(VRA 15, 4) 1/79

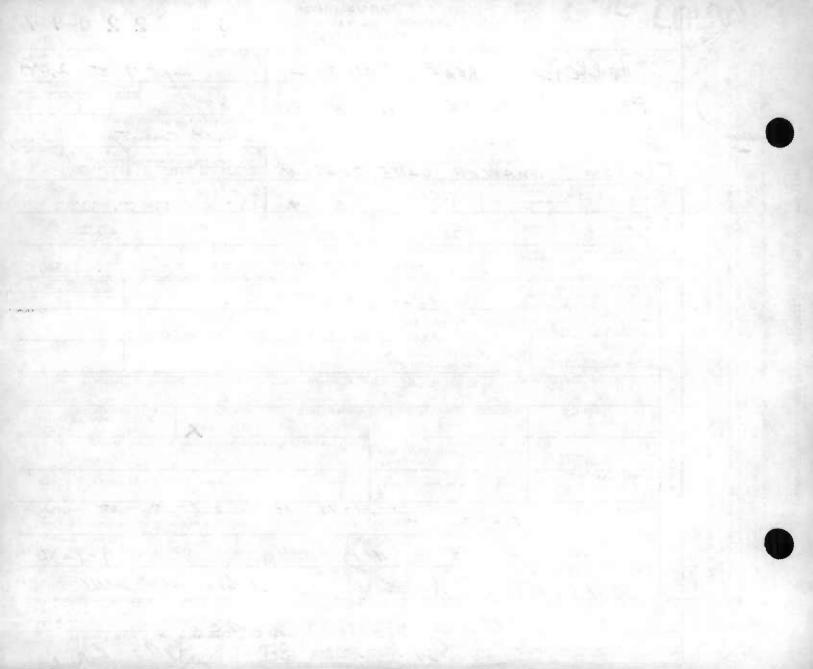


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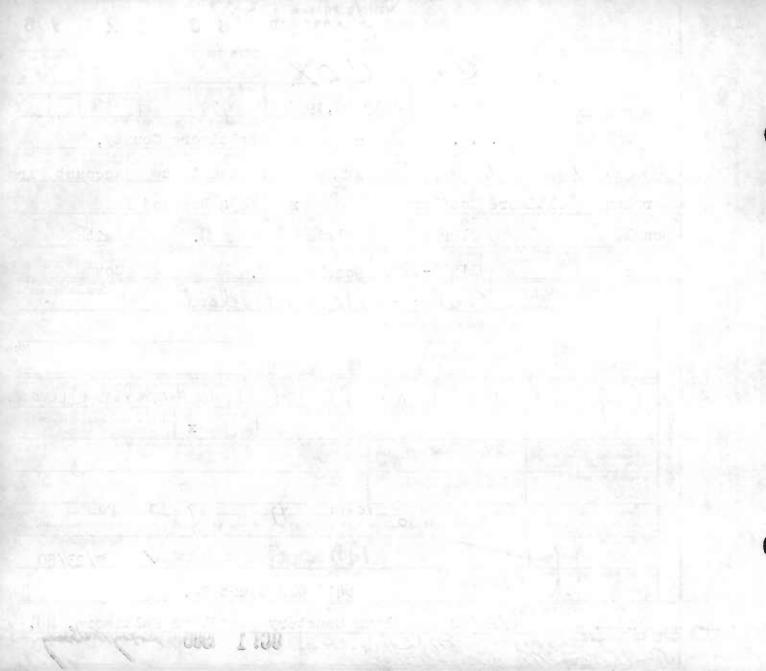
	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY ICATE OF DEATH	REG. N	2 6	2 0 9 5
		CEASED NAME	FIRST	,	AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 25. HOUR
deadh	(I TP	OR PRINT)	hn		7.7	(00	oper	9	- 30-	1980 230
1	3 SE			RACE	п	5 DATE C		& AGE (IN YEARS LAST BIR		PER I YEAR IF UNDER 24 HRS
100		male	4.5	COMI	sasiai	MONTH	- 17- 1888	91	YRS. MONTHS	DAYS HOURS MIN
To a	7a. B	RTHPLACE (STATE OR FO	REIGN 71		WHAT COUNTRY	? 8		1 BALTIMORE CITY		EATH
pa/		ountry Inaland		USA		WIDOWE	D S NEVER MARRIED S	Balter	nois Ca	muty m
		ITY OR TOWN OF DEA	тн 1	1. NAME OF		ING HOME C	OR OTHER INSTITUTION	126 USUAL OCCUPAT	ION 121	KIND OF BUSINESS OF
10		Bastimare		Pe say me	H FACILITY, GIVE STRE	NAC.	Home.	Foreman -		DUSTRY
	USU	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEF				Surpoard	
15		id.	Balto		Baltimo		YES NO W	13e. STREET ADDRESS 8425 Old	Warford	Dd Ant E
-		THER'S NAME)T.E	15. MOTHER'S MAIDEN N		Harrord	AU AUL. A
121		FIRST	MI	DDLE	LAST		FIRST	MIDDLE	177777	LAST
	16a \	William VAS DECEASED EVER	N U.S. ARM		ooper	URITY NO.	Ellen 17 INFORMANT	ADDR	<u>Willisc</u> ESS	TOIL
		res, no or unknown)	(IF YES, GIVE W							
		no			213-03-		Miss Helen C	ooper same		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH PART I. DEATH W	4 (Enter only AS CAUSED	one couse per BY:	line for (a), (b), (1 ~ - 1	1115 11/01	Plusalle	Eldki ly	BETWEEN ONSET AND DEATH
		1000	MMEDIATE	CAUSE (a)	P. Eich	१ व्यक्त	11177 Carlo	C Tristiff.	/	
		4272		DUE TO, O	R AS A CONSEQ	UENCE OF	50110		/	
ò		Conditions, if ony, gove rise to imm	which	(b)		7	3-04			
š		cause (a), statin underlying cause		DUE TO, OI	RAS A CONSED	UENCE OF	1 pation	oscenoti	10	
		onderlying coose	1031	(c)	V	uner	ar overve	056611011	the second secon	
nfui /	z	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART I(o)
s an	CERTIFICATION	190 DATE OF OPERAT	ION	LISE CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	1206 IF YES WER	RE FINDINGS USED
shows	FIC	DAIL OF OFERE	10.1	176 COND	TOTAL OR WITH	01 211.10	TO THE OWNER		IN CERTIFYING	CAUSES OF DEATH?
-	ER	21a ACCIDENT WAS UND	FRIVING C	21b. TIME O	F IN ILIDY		21c HOW INJURY OCCU	YES NO	YES T	NO 🗌
9		OR CONTRIBUTING				DAY YEAR	THE TIOUS HOUSE OCCU	KKED (ENIER INVIORE OF INVI	ALL IN THE TALL PARTY	mrant 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICA		P.,		19	10047001			
	MED.	WHILE NOT WH		(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
		AT WORK AT WO	5K. []			6	1/6/ 70	9/	201 8	20
		22a I certify that (1)		i) ottended	e decessed from	SA	4 0	, to/	190	, that (I) (we) la
		sow the decease	d alive on	view the body	after death.	00.0	nd that in (my) (our) opinion	death occurred on the d	late and hour and	from the couses stated
		226. SIGNATURE	10	601	0	01	DEGREE	6		12L DATE SIGNED
		Carle	KIN	11777	11	111	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	10-1-00
	Į.	224 DIANE PRANCE ALL	ME CHIP OR	3HV /2	1 PAH	71	22e ADDRESS	11. 4	1010	11 100
		111 PHI SHOW STAN								
1		FINTAGA	19 F	L. E.L.	110%	4 17	11011111	1-17 MOBVE	Vig D	all and
IMPORTANT:	230	FIXITION.		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	UIG W	TY STATE
	230	flythe 1		23b. DATE DCt.3,1		NAME OF C RK Lawi		23d LOCATION CITY OR TOWN Baltimore	COUNT	TY STATE

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140		FOR	2004		OF MARYLAND		0 0 0	C3 5
4	1	- STATE REGISTRAR	DEPA		CATE OF DEATH	REG. NO	220	7 (
		ECEASED N PRINT	MIDDLE	L/	51 - 1		MONTH DAY YEAR	26. HOUR
ay be		Helei	7 (1)		OX		9 23 80	915
e 4 m	3. SI	En mala	4 RACE	S DATE O		6. AGE (IN YEARS LAST BIRTI	MONTHS DAYS	HOURS MIN
Page	70.8	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?		79	YRS. R COUNTY OF DEATH	
death 72 h fied	4	Maryland	U.S.A.	WIDOWE	NEVER MARRIED	Baltimor		,
after he fu vithin		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME O		12e, USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126. KIND C	F BUSINESS
by tilled w	1	Kandallstown	Hota Co.	Con.	Hospi	Accounta		unt F
filled in uld be fil	I I3a M	STATE 136 COL aryland Bal	TROTHER INSTITUTION, GIVE RESIDENCE BY INTY 134. CITY OR TO TIMORE WOOdle	EFORE ADMISSION) OWN AWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6634 Dogs	wood Rd	
with tely sho	14. F	ATHER'S NAME			IS MOTHER'S MAIDEN NA	ME		
omple and 2	D	onal'd	Clark	е	Elsie	M.pole	Smith	1
9 7- 5	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		17 INFORMANT	ADDRE		
death certificate be ex tending physician and carbon papers. Pages on, or removal. traumatic event, the n		No	21512-	-9676	Donald		Cox	MATE INTERVAL ONSET AND DEAT
res that ed by the ease rem rial, cren ry, or ot		underlying cause last	(c)					
he law requires as been signed I nit. Then pleas Prior to burial ows any injury,	CATION	PART 2-OTHER SIGNIFICANT CONGRESSION 190 DATE OF OPERATION	conditions contributing Heart Feul	ure:	Atherascl	1 /	Woxular 1206. IF YES, WERE FINDIN	JUSG IGS USED
e has been prije ene prije	RTIFICATION	Cengestive	Heart Feul	ure:	Atherascl I WAS PERFORMED	YES NO	200. IF YES, WERE FINDING CAUSES YES	JUSG IGS USED
e has been prije ene prije	AL CERTIFICATION	Congestive	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	Atherascl	YES NO	200. IF YES, WERE FINDING CAUSES YES	IGS USED OF DEATH?
DOING PHYSICIAN: The istending physician. After this certificate has be as the burial-transit permit in and Mental Hygiene print hand Mental Hygiene print marked or Item 18 shows	MEDICAL CERTIFICATION	190 DATE OF PERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	Atherascl I WAS PERFORMED	YES NO	TO VOXULAN TO B. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YES YES 10, PART 1 OR PART 2)	IGS USED OF DEATH?
DOING PHYSICIAN: The istending physician. After this certificate has be as the burial-transit permit in and Mental Hygiene print hand Mental Hygiene print marked or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has	196 CONDITION FOR WH 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 SICE, FARM, ETC.)	THEOSCL WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 77	200 AUTOPSY? YES NO SE RED (ENTER NATURE OF INJUR CITY OR TOW	TOWN LOW TO THE PROPERTY OF THE PART 1 OR PART 2) TO COUNTY TO COUNTY TO COUNTY	NGS USED OF DEATH? NO STATE
TTENDING PHYSICIAN: The Isl or attending physician. TOR: After this certificate has buse as the burial-transit permit. Health and Mental Hygiene prim. 21 is marked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this has saw the deceased alive babye. (I) (we) (†	196 CONDITION FOR WH 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 GICE, FARM, ETC.)	THE SCL I WAS PERFORMED 211 LOCATION STREET (0-/7 19 77 d that in (my) (aur) opinion	200 AUTOPSY? YES NO SE RED (ENTER NATURE OF INJUR CITY OR TOW	TOWN COUNTY TO LET BE ART 1 OR PART 2) TO COUNTY TO	NGS USED OF DEATH? NO STATE that (1) (we) licauses stated
TTENDING PHYSICIAN: The Isl or attending physician. TOR: After this certificate has buse as the burial-transit permit. Health and Mental Hygiene prim. 21 is marked or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOTIFY HED (1) (this has sow the decosed alive to the control of	196 CONDITION FOR WH 196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 GICE, FARM, ETC.)	WAS PERFORMED 21t HOW INJURY OCCUR! 21f LOCATION STREET 2 17 19 77 4 that in (my) (aur) opinion EGREE	20a AUTOPSY? YES NO A CITY OR TOW death accurred an the do	TOO XULAN TOO IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YIN ITEM 18, PART 1 OR PART 2) TO COUNTY TO CO	STATE
SPITAL OF ATTENDING PHYSICIAN: The Is 1 by the hospital or attending physician. NERAL DIRECTOR: After this certificate has be detached for use as the burial-transit permit. State Dept. of Health and Mental Hygiene prim		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this has saw the deceased alive babye. (I) (we) (†	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 GICE, FARM, ETC.)	WAS PERFORMED 21t HOW INJURY OCCUR! 21f LOCATION STREET 2 17 19 77 4 that in (my) (aur) opinion EGREE	200 AUTOPSY? YES NO ATTENUE OF INJUR CITY OR TOW death accurred an the do	TOO XULAN TOO IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YIN ITEM 18, PART 1 OR PART 2) TO COUNTY TO CO	NGS USED OF DEATH? NO STATE that (I) (we) Is causes stated
SPITAL OF ATTENDING PHYSICIAN: The Is 1 by the hospital or attending physician. NERAL DIRECTOR: After this certificate has be detached for use as the burial-transit permit. State Dept. of Health and Mental Hygiene prim		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the deceased alive babave, (I) (we) (134 days) 22b. SIGNATURE	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 GICE, FARM, ETC.)	THE SCL WAS PERFORMED 21t HOW INJURY OCCURI 21f LOCATION STREET 2 19 77 d that in (my) (aur) opinion EGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO A CITY OR TOW CITY OR TOW death accurred an the do MEDICAL STAF DIRECTOR PHYSIC	TOO XULAN TOO IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YIN ITEM 18, PART 1 OR PART 2) TO COUNTY TO CO	STATE
hospital or attending physician. hospital or attending physician. DIRECTOR: After this certificate has be hed for use as the burial-transit permit. Dopt, of Health and Mental Hygiene print. If Item 21 is marked or Item 18 shows	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has sow the deceased alive babave, (I) (we) (134 days) 22b. SIGNATURE	196 CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 GICE, FARM, ETC.) 23c. NAME OF CL	THE SCL WAS PERFORMED 21t HOW INJURY OCCURI 21t LOCATION STREET D - / 7	200 AUTOPSY? YES NO A CITY OR TOW CITY OR TOW MEDICAL DIRECTOR PHYSIC COURT Rd. 1236 LOCATION	TOO XULAN TOO IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YIN ITEM 18, PART 1 OR PART 2) TO COUNTY TO CO	STATE that (1) (we) Ic causes stated SIGNED



DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

FOR - STATE REGISTRAR REG. NO. MIDDLE . DECEASED NAME 2s DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINT) COZZONE S. GRACE 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 03 FEMALE WHITE 77 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED BALTIMORE COUNTY MARYLAND U.S.A. WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR 126. USUAL OCCUPATION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SHANGRI-LA NURSING HOME CATONSVILLE HOMEMAKER USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION/GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 136 GOUNTY 13e STREFT ADDRESS 13C CITY OR TOWN 134 INSIDE CITY LIMITS? BALTIMORE 6727% WINDSOR MILL ROAD MARYLAND WOODLAWN NO X YES | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE HAWKINS **EDNA** В. CHARLES SMITH В. ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-22-4787 6727% WINDSOR MILL ROAD VIRGINIA MICHEL NO C APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to I, (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY STREET I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 270.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the 22h SIGNATURE DE GREE 77L DATE SIGNED MEDICAL ATTENDING PHYSICIAN TOIRECTOR PHYSICIAN 22e ADDRESS 224. PHYSICIAN'S NAME ITYPE OR PRINT! 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY CITY OR TOWN COUNTY STATE BALT IMORE MD. BURIAL 9/4/80 LOUDON PARK CEMETERY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

ASOUD

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	VO.	Gas 1	
	I. DECEASED NAME	FIRST	WIDDIE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		MARIE	Α.	CRA	NDALL		9	12 80	10:00A "
	3 SEX	4 RAC	E	5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	
	Female		White	Mar.	17, 1910	70	YRS	IMONIHS DATS	HOURS MIN.
~	70. BIRTHPLACE (STATE C	OR FOREIGN 76 CT	IZEN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
/	Washingto	n, D.C.	U.S.A.	WIDOWE	37	Baltimor	e Cou	nty	MD
- 1	ID CITY OR TOWN OF				OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND C	OF BUSINESS OR
6	Towson	Gre	ater Baltin	nore Med	lical Center	Supervi	sor	Retai	l Sale
1	USUAL RESIDENCE (IF N	URSING HOME OR OTHER	NSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	113. STREET ADDRESS			
5	Maryland	21239	Balt	imore	YES NO	5730 Fe	nwick	x Avenu	ıe .
	14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				c?
0	Willia	m H. Mul	len		Lí™llian	Ω		Morrov	V
7	160 WAS DECEASED EV		D.D. ATECO		17 INFORMANT	ADDI		-	
1	No	(IF TES, GIVE WAR O	578-1	6-8722	Bertram H.	Crandall	Miami	Lakes	s, Fla.
	18 CAUSE OF DE	ATH Enter only one	couse per line for (0), (b	, ond (c				APPROX BETWEEN	ONSET AND DEATH
	PART I, DEATH	H WAS CAUSED BY: IMMEDIATE CAL	SE (a) Pulmona	ary hemo	rrhages				
	208	G	HE TO OB AS A CONS	EQUENICE OF					
	Canditians, if a		Acute m	yelofibı	cosis (leukem	ia) with th	rombo	-	
	gave rise to couse (a), ste		UE TO, OR AS A CONSI	EQUENCE OF		су	topen	ia	
	underlying ca	use last							

S/P Carcinoma of ovary

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

80

70n AUTOPSY?

IN CERTIFYING CAUSES OF DEATH?

20b. IF YES, WERE FINDINGS USED

YES X

P.M 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. TIME OF INJURY

HOUR A.M.

19

80

YEAR

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

8/29

211. LOCATION

CITY OF TOWN 9712

and that in (my) opinian death occurred an the date and hour and fram the causes stated

COUNTY

80

STATE

22e ADDRESS

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN

236. LOCATION

9/12/80

Rudiger Breitenecker, M.D.

6701 N. Charles St. Towson, Md.

21204

22c. DATE SIGNED

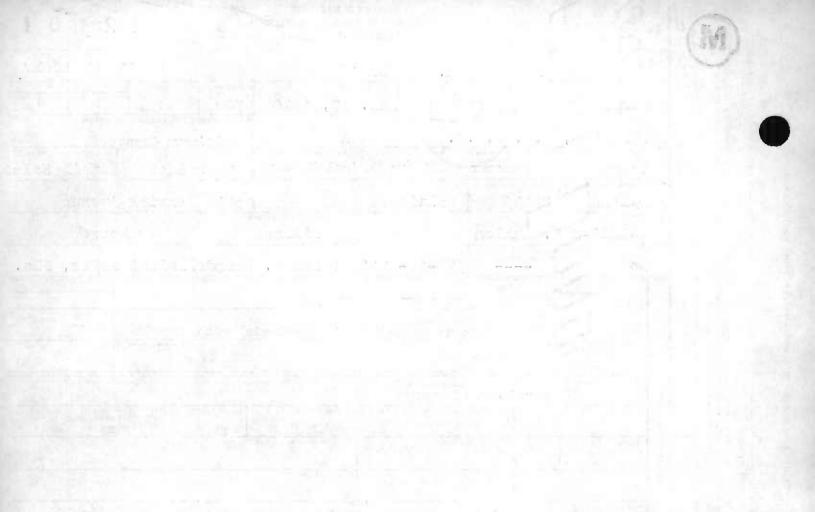
Cremation

24 FUNERAL DIRECTOR

Green Mount Cemetery Johnson 8521 Loch Raven Blvd

STATE Baltimore

DHMH - 16 50M 1/76 (VR A 15 (4))

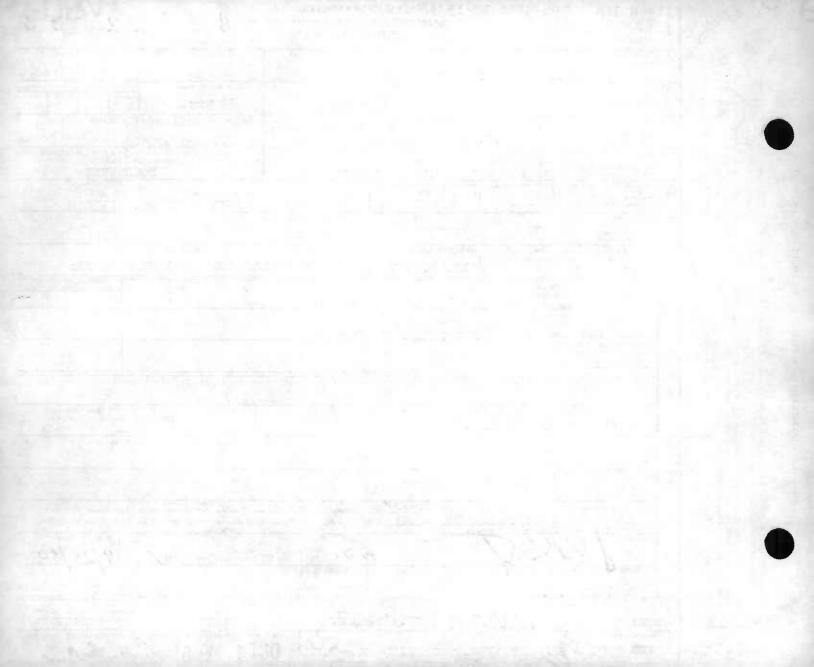




3	- 1							E OF MARYLAND	<i>(</i> **)			<i>m</i>
100	9	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H	YGIENE 8 0		2	0 2
(Mari)			CEASED NAME	FIRST		AIDDLE		AST	20 DATE OF DEATH		YEAR 2	b. HOUR D
0 0 0 t	10	(TYPE	OR PRINT)	HARRY	7	CURTIS	CRANS	STON	SEPT.	11.198		6:10 M
may pag		3. SE			. RACE	OUNTID	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
ge 4			Male		White		MONTE J1	1y 27,1906	74		THS DAYS	HOURS MIN
Pogo Pogo		70 BI	RTHPLACE ISTATE OR FO	REIGN 7		WHAT COUNTRY	2 8		RAITIMORE CITY	OR COUNTY OF	FDEATH	
deoth.	75	C	Pennsylva	nia	USA		WIDOW	D NEVER MARRIED (100 A 100 MM 100 T 7 C 100	RE COU	ИФА	MD.
ed with		10 C	TY OR TOWN OF DEA				NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	ION	126 KIND OF	BUSINESS OR
on softing the state of the sta	58	TO	WSON		ST. J	OSEPH F	OSPI	TAL	Sales Engi		INDUSTRY	
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of systion and completely filled in by apers. Pages 1 and 2 should be file vol. it, the medical examiner myst be pages.	-	USU,	L RESIDENCE (IF NURSI	NG HOME OR C	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
LAND 2 hin 24 h hy filled should b	35	Ma	ryland		imore	Towson		YES NO A	305 E.	Joppa Re	d.	
RYL vithii vithii I 2 sh		14 FA	THER'S NAME	AAI	IDDLE	LAST		15. MOTHER'S MAIDEN I	MIDDLE		LAST	
MAR ed w amplet and 3	230							riksi	MODIE		TASI	
MORE, e execut n and ce Pages I	1	160 V	VAS DECEASED EVER I		NED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDF	ESS 3001	Charles	s St.
TIMO	1		No			184-01-	2936	Harry J. Cr	anston, Jr.	Falls	ton, Me	d.
BAL ate			18 CAUSE OF DEATH	1 (Enter only	one couse per						APPROXIMA BETWEEN ON	ATE INTERVAL
ST., B., rrtifical artifical appropriate among emove					CAUSE (o)	CARDIC	PUL	MONARY ARR	EST			
on the confine corb			4-290		DUE TO, OF	R AS A CONSEQU	JENCE OF					
deo deo otte otte ove			Conditions, if ony,		ART	ERIOS C I	EROT:	C CARDIOV	ASCULAR DI	SEASE		
W, PRESTON ST., or the deoth certific y the attending ph se remove carbonp cremation, or remo			gove rise to imm couse (a), stating	g the	DUE TO, OF	R AS A CONSEQU	JENCE OF					
on w			underlying couse		(-)			STIVE HEAR				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physician. After this certificate has been signed to so the buriol-transit permit. Then pleas the and Mental Hygiene priar to burial, orked or them 18 shows any injury, or a		z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	IDITION GIVEN	IN PART 1(0)	
Correction of injury in		CERTIFICATION	19n DATE OF OPERAT	ION	Int CONDI	TION FOR WILLIAM	ODERATIO	N WAS PERFORMED	20g AUTOPSY?	Tank IF VEC. VA	(F) F() F()	10.110.50
nos b ne perm ne pr	9	FIC.	170 DATE OF OPERAT	IOIN	148 CONDI	HON FOR WHICE	OPERATIO	A MAS PERFORMED		IN CERTIFYIN	ERE FINDING	F DEATH?
VITAL R N: The laysician. cate hay cansit per Hygiene 8 shaws	*	ERT	21g. ACCIDENT WAS UND	ERLYING	21b. TIME O	F IN ILIRY		1214 HOW INJURY OCCU	YES NO	YES [NO []
DN OF VITAL IYSICIAN: Th ding physicia s certificate I burial-transit Mental Hygie	91	-	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH D		The HOW HAJORT OCC	ORRED JENIER NATURE OF INJ	INT IN HEM IB, PARI	T ORPART 2)	
ON OF HYSICIA Inding positive certification of them		MEDICAL	(IF EITHER, NOTIFY MEDICA		P.A 21e. PLACE C		19	21f. LOCATION				
/ISIG		ME	WHILE NOT WH		AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
DING or o Afte e os olth			22a. I certify that X		I) attached the	dosessed from	CEDM	77 10	80 SEPT	77 19	90	ot XIIXwe) lost
or us f Hee			sow the decease	d olive on_	SEPT.	11 19	80	d that in 360 35 (our) opinion	SEPT on death occurred on the c	Integrand hour or	od from the co	of XIIXwe) lost
hospin hospin hospin hospin hospin oilept. oilept. oilept.			obove VI) (we) Id	id) (did got)	view the body	ofter death.		DEGREE		ore one neer or	22r. DATE SIG	
toche Dep			Be	ati	7	20:	4-	ATTENDING	MEDICAL STA		Q-of	11/1000
by by ERA	$\overline{}$	3	22d. PHYSICIAN'S NA	ME ITYPE OR E	DI LTY	7	or.	22e ADDRESS	DIRECTOR PHYSI	CIAN	Segre	11/1700
HOSE ined FUN uld b	1					MD			מסוס מת א			
TO HOSPITAL C retained by the Should be determed with the State D with the State D		220 0	BEATRI:		DIZON 23b. DATE		NIAME OF C	METERY OR CREMATOR	K RD. 2120	†		
0000		230. 8	PECIFY)	REMOVAL					CITY OR TOWN		UNTY	STATE
BP	-	24. FI	Burial INERAL DIRECTOR		Sept.				m. Cockeysy	11e/ Ba	Augus	o. Md.
DHMH - 16 50M 1/76 (VR A 15 (4))			NAME	dofol	d Uoma			ork Rd.	Fb 1 1 1320	Lui Li	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	- 1	T.T.	tchell-Wie	uerer	u nome	Inc.	balto.	, Ma.				-

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	LDE	REGISTRAR CEASED NAME	FIRST	MIDE	u F		ICATE OF DEATH	REG. NO	O. MONTH DAT	Y YEAR	at HOUS
		OR PRINT)	rmai	Mile	ν.ε			IN. DATE OF DEATH	WOMIN DX	TEAR	2b. HOUR
			race		TORIA (CRIST		September 2			7:40 a
	3 SE	FEMALE	ı ı	RACE WHITE		S DATE O		59 yrs.			HOURS MIN
25		RTHPLACE (STATE OR FO DUNTRY) MARYLAND	OREIGN 7h	U.S.A		MARRIE	DE NEVER MARRIED D	Baltimore CITY O	_		м
7	10 CI	TY OR TOWN OF DEA	ATH 1		CHITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	ON FWORKING LIFE)	12b. KIND OF	BUSINESS OF
35	13a S	AL RESIDENCE (IF HURS	136 COUNTY BAL	THER INSTITUTION, GIV		ADMISSION)	134 INSIDE CITY LIMITS? YES NOXX	13R STREET ADDRESS 29 EASTSH		21222	
30	14 FA	THER'S NAME FIRST RALPH	ME	DOLE	MARÍNO		15. MOTHER'S MAIDEN NA FIRST JENNY			METAL)	LO
		AS DECEASED EVER	IN U.S. ARME		SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	()	NO NO OR UNKNOWN)	(# YES, GIVE W		13.18.6	797	NICK COSTE	LLO (HUSBANI) SAME	AS 13	9
		IN CAUSE OF DEAT	H (Enter anly	ane cause per line	far (a), (b), and	dicu				APPROXIMA BETWEEN ON	ATE INTERVAL
		underlying cause	last								
	NOI		NIFICANT CO	NDITIONS CON	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	N IN PART 1(0)	
2	TIFICATION		TION	196 CONDITIO	N FOR WHICH	OPĘRATIO	NOT RELATED TO THE TERM N.WAS PERFORMED Chanteric	MINAL DISEASE OR CONF	20b. IF YES,	WERE FINDING	
27	CAL CERTIFICATION	PART 2 OTHER SIGN	TION OPERLYING CAUSE OF DEATH	196 CONDITIO Unstab frac 216 TIME OF IN	n FOR WHICH le inte ture	OPERATIO rtro	N WAS PERFORMED Chanteric	200 AUTOPSY?	20b. IF YES, YES OF CERTIFY!	WERE FINDING	OF DEATH?
29	MEDICAL CERTIFICATION	PART 2 OTHER SIGN 19q DATE OF OPERA 19q DATE OF OPERA 11g ACCIDENT WAS UNIT OR CONTRIBUTING 6 (# EITHER, NOTHY MEDIC 21d INJURY OCCUR! WHILE NOTW AT WORK NOT WAT WORK	TION DERLYING CAUSE OF DEATH AL EXAMINER) RED RIKE CONTROL	196 CONDITION TO THE CO	N FOR WHICH le inte ture JURY MONTH DA INJURY FACTORY, OFFICE, F	OPERATION TO T	N WAS PERFORMED Chanteric 21c HOW INJURY OCCUI 21f LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF MUUR CITY OR TOW	20b. IF YES, YIN CERTIFY YES	WERE FINDING	OF DEATH?
		PART 2 OTHER SIGN 19q DATE OF OPERA 15/8 21g ACCIDENT WAS UNIO OR CONTRIBUTING 6 (IF EITHER, NOTHY MEDIC 21d INJURY OCCUR! WHILE NOTHY AT WORK 220.1 certify that the	DERLYING CAUSE OF DEATH AL EXAMINER) RED (this hospital and all and	196 CONDITION TO THE CO	N FOR WHICH le inte ture JURY MONTH DA INJURY FACTORY, OFFICE, F	OPERATION TO THE OPERATION OF T	N WAS PERFORMED Chanteric 21c HOW INJURY OCCUI 21f LOCATION STREET	200 AUTOPSY? YES NOTER NATURE OF INJURE CITY OR TOW	20b. IF YES, IN CERTIFYI YES RY IN ITEM 10, PAR	WERE FIND INC NG CAUSES C TTOR PART 2)	STATE STATE STATE autor (K (we) los ausses stated
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29 999	MEDICAL	PART 2 OTHER SIGN 19a DATE OF OPERA /15/8 21a ACCIDENT WAS UNE OR CONTRIBUTING (# EITHER, NOTHY MEDIC 21d INJURY OCCUR! WHILE NOTHY MEDIC WHILE NOTHY MEDIC 22a-1 certify that \$\frac{1}{2}\$ saw the decease obove, \$\frac{1}{2}\$ (ye) (\$\frac{1}{2}\$) (ye) (\$\frac{1}{2}\$) (ye) (\$\frac{1}{2}\$)	TION DERLYING CAUSE OF DEATH ALEXAMINER) RED HILE (this hospital did) TO ROLL M. D.	19th CONDITION THE PLACE OF (AT HOME, STREET, LI) attended the dept.	IN FOR WHICH le inte ture JJURY MONTH DA INJURY FACTORY, OFFICE, F eccased from 28 19 er death.	OPERATION TO THE PROPERTY OF T	NWAS PERFORMED Chanteric 216 HOW INJURY OCCUP 216 LOCATION STREET MOET 12, 19 80 and that in (My) (our) apiniar DEGREE ATTENDING PHYSICIAN 228 ADDRESS	200 AUTOPSY? YES NOW RRED (ENTER NATURE OF INJUR CITY OR TOW To September death occurred an the do	20b IF YES, IN CERTIFYIN YES RY IN ITEM 10, PAR VIN 28 28 19 29 28 19	WERE FIND INC ING CAUSES C T 1 OR PART 2)	STATE STATE STATE autor (K (we) los ausses stated



FOR

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

REGISTRAR

DECEASED NAME

Elks Club Boblitz ADDREKingsville, Md John Nash, 12321 Stoney Batter Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 to Acute and Chronic Alcohol abuse 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (exception death occurred on the date and hour and from the causes stated 22c. DATE SIGNED. 7600 Osler Dr. Suite 311 Towson, Md. 21204 COUNTY , Burial 9/21/80 Poplar Hill Cem. Balto. Maryland Phoenix. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAT 10 W. ADPadonia Rd Timonium Md. Lawson

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

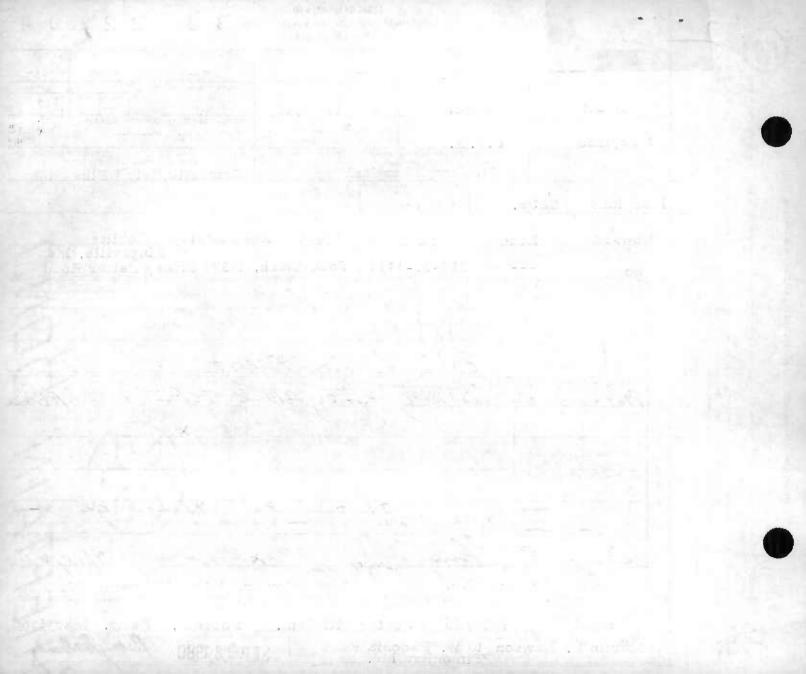
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INDUSTRY

20 DATE OF DEATH MONTH

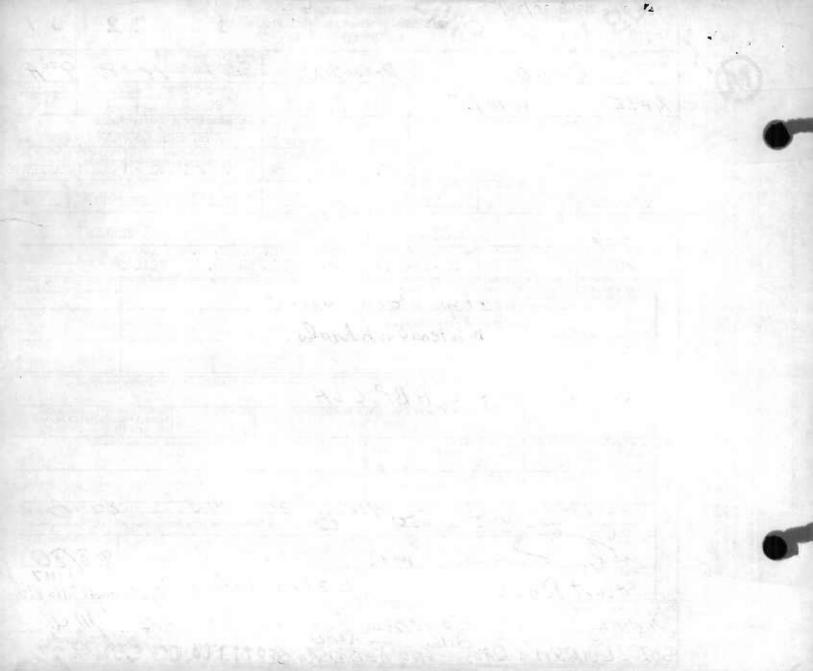


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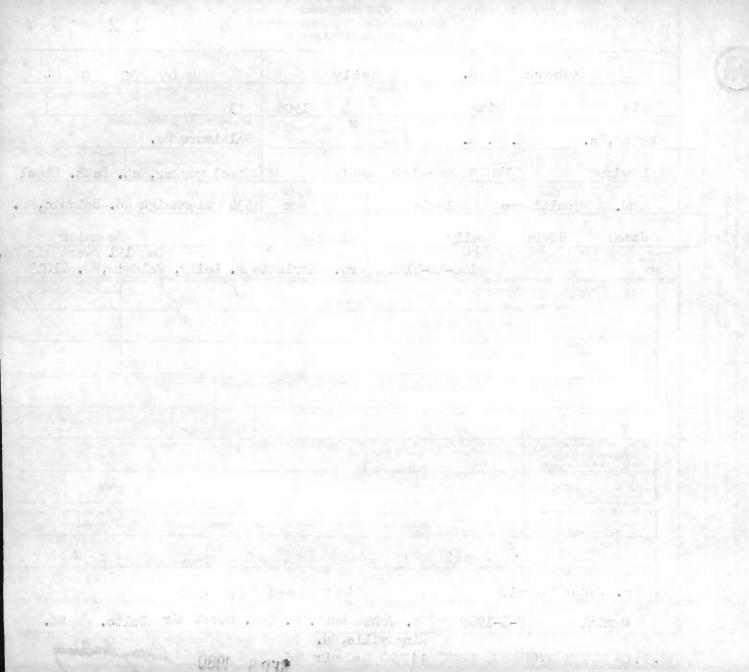
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4	(M)	1	TYPE	CEASED NAME FRST DAVI	1 P	MIDDLE P	DA S. DATE C	12V150N		MONTH DAY	Y YEAR SEJ	26. HOUR 928AM
	XX		84	PLE	WHI	TE		E 10, 1898	82		ONTHS DAYS	HOURS MIN
7	death. In 72 hou	35	cc	RTHPLACE (STATE OR FOREIGN MARYLAND	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D DNORCED	BALTIMORE CITY O	_		MD.
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AND 21	hin 24 ho filled in ould be fil	BE	13a S	MARYLAND		GIVE RESIDENCE BEFORE BALTIMO			130. STREET ADDRESS 6711 CHC	KEBERR	Y RD.	#21209
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IMORE	e be exected and and con Pages 1 a			AS DECEASED EVER IN U.S. ARI ES, NO GRUNKNOWNI (IF YES, GIVE	MED FORCES? WAR OR DATES)	220-14-		17 INFORMANT MRS. 2319 SUGARC		#2120	9	
IT., BALI	physicia physicia papers. removal.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY	line for 101, 161, and	-1	1 arrest			BETWEEN C	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON	inres that the death ined by the attendin please remove carbo ourial, cremation, or			Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	(b)	R AS A CONSEQUE	OSU ENCE OF		ematoma	DITION GIVE	N PART 1	21
CORDS,	s been sig s been sig iit. Then prior to b		CERTIFICATION	Acabelle 1	nellot	-us, H	BP,	C VA	200 AUTOPSY?	206. IF YES, 1	WERE FINDIN	NGS USED
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DIVISION OF VITAL RECORDS, 201	n ph	-/-	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1.0.00	M. MONTH DA M.	YEAR 19	211 LOCATION	ED (ENTERTONIONE OF MODE			
DIVISIO	attending Pattending A: After the as the buralth and N is marked			WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	100	COUNTY	STATE
	ECTOF for use of He			22a I certify that (1) this hospit saw the deceased alive an above (1) (we) (did) (flid no			0 10	d that in (my) our) apinion d	leath occurred on the d			the (I)(we) lost couses stoted
0	TAL OR THE hosp AAL DIR Jetached Jate Dept NT: If Its			27h SIGNATURE	2		MA		MEDICAL STA	FF	271. DATE	SIGNED /80
	TO HOSPITAL retained by the I TO FUNERAL I should be detach with the State D	1		Steart 12	OSS			10 219 S-1	Outfield,	Rd. Ou	vergal	THIS MO
403	BP		23a B	URIAL, CREMATION, REMOVAL PRCIEY) WRIAL	23h. DATE SEPT 1	9/50 Hz	BREU	EMETERY OF EREMATORY FRIENDSHIP	23d. LOCATION BALTI	MORE	OUNTY M	S/ATE
	DHMH-16 25 (VRA 15, 4) 1,		24 FU	NERAL DIRECTOR NAME LEUINSON	1 BA	STATURESS - 601	ORE	NOAD 250. DATE	P 2 3 1980	756 18 15 18	Es Meals	URS dy



N. Comments	1	FOR STATE REGISTRAR	DEP		ALTH AND MENTAL HY	GIENE 8 0	2 2	08
		CEASED NAME FIRST	WIDDIE	LA:	Т	20. DATE OF DEATH		R 2b HOUR
M	(TYP	E OR PRINT) MELVII	N Ray	DAWSO	N	September	24. 1980	12:20 PM
91)	3. SE	X	4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 Y	FAR IF UNDER 24 HRS
-		Male	Caucasian	Ma	y 21 1935	45	YRS MONTHS D	AYS HOURS MIN.
191		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	☐ NEVER MARRIED ☐	9 BALTIMORE CITY O	R COUNTY OF DEATH	н
800		Vest Virginia	U.S.A.	WIDOWED		Baltimore	County	MD.
3	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	120 USUAL OCCUPATI	ION 12b. KIN	ND OF BUSINESS OR
重)(owson	Greater Baltin	nore Medi	cal Center	Carpenter		ilding
st pe	USU 13a.	AL RESIDENCE (IF NURSING HOME C STATE 13b COU	NTY 13c. CITY OR	BEFORE ADMISSION)	3d INSIDECITY LIMITS?	13e STREET ADDRESS		
1	1		ltimore Esse	ex	YES NO	16 Doveta	il Lane	#21221
2 Comine	14. F.	ATHER'S NAME	MIDDLE LAST		5. MOTHER'S MAIDEN N. FIRST	AME		LAST
0 -1		Granville	NMN Dawso		Margar	et Ellen	Wau	igh
medicol	160	WAS DECEASED EVER IN U.S. AI YES. NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADD	asadena,	Md.
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prior t	- ¥	Bronchops 190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	NDINGS LISED
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Hem 18 sho	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCU			
TKED ON THE	MEDICAL	2) d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
m 21 is marked or		saw the deceased alive a	oitol) oftended the deceosed from September 24 at) view the body after death.	19_80_, and	that in (my) (our) opinion	, to Septemb death occurred on the de		the couses stated
MPORTANT: If Hem		19 Su	Sa		ATTENDING PHYSICIAN	MEDICAL STAI	ec .	ATE SIGNED 24/80
PORTANT		Ronald L. Sirc		0.00	22. ADDRESS 6701 N. Chai	cles St., Ba	ltimore MD	21204
M M	230.	BURIAL, CREMATION, REMOVA		23c NAME OF CE Westv	METERY OR CREMATORY	236 LOCATION CITY OR TOWN Paltimore		
M 1/76	74 F	Burial, cremation, remova Cremation UNERAL DIRECTOR Martin D. Laws	9/30/80	Westv	ieW Z50 DA	haltimore TE REC'D. BY REGISTRAR		yland

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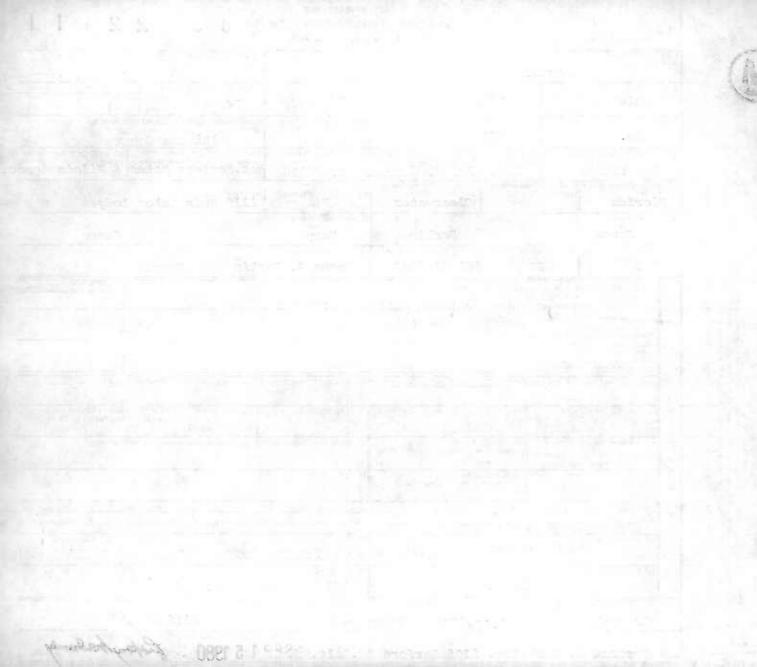
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DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	O REG. 1	٧٥.	2	2		1	-
LE	LAST	2a. DATE OF	DEATH	HTHOM	DAY	YEAR	2b	HOUR	

1.		REGISTRAR			CERTII	ICATE OF DEATH	REG. N			0.00
		EASED NAME FIRST		MIDDLE	0.80	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		Charl	es	C.		Derkin		9 1	2 80	2:15
3 3 7e	SEX	Male	RACE Whit	e	JUH!		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS A
75 10	BIR	THPLACE (STATE OR FOREIGN)	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore City of Baltimo	_		
56	CIT	Towson	II. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET A 6701 N. C	GHOME (ADDRESS) Charle	es St. 21204	120 USUAL OCCUPAT LITYPE OF WORK FOR MOST O Ret. Masters	ION	12h KIND C	ots A
18	3a S⊺	RESIDENCE (IF NURSING HOME OR O ATE Lorida	OTHER INSTITUTION TY	I, GIVE RESIDENCE BEFORE II3t. CITY OR TOWI Clearwat	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 1119 Twin	Lakes	Lodge	
OLI	FAT	HER'S NAME James	HODLE	Derkin	2	15. MOTHE#S MAIDEN NA	MIDDLE		Casey	
3 16	IN CYE	AS DECEASED EVER IN U.S. ARA S, NO OR UNKNOWN) IF YES, GIVE WWI	WAR OR DATES)	166 SOCIAL SECUI 161-01-56	-	IT INFORMANT Irene J. De	erkin S	ess Same	Ta L	
		Conditions, if any, which gave rise to immediate cause (D), stating the underlying cause last	(b)	OR AS A CONSEQUE	NCE OF	NOT DELATED TO THE YEDAN	IN AL DISEASE OF CON	DITION GIVE	N IN PART 10	01
2	2	PART 2 OTHER SIGNIFICANT CO								
A CATACATA	IFICALIO	PART 2 OTHER SIGNIFICANT CO		ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	OF DEATHS
a	_	90 DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETIMER, NOTIFY MEDICAL EXAMINER)	196 COND 216 TIME C HOUR A	DF INJURY .M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	ING CAUSES	OF DEATH
or iter	MEDICAL	TO DATE OF OPERATION TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	196 COND 216 TIME C HOUR A P 218 PLACE	DF INJURY .M. MONTH DA	OPERATION YEAR	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	ING CAUSES	OF DEATH
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ZI is marked or iter	MEDICAL	PIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (# EITHER, NOTHER MEDICAL EXAMINER) PIG. IN THE NOTHER OF THE CAUSE OF THE	21b. TIME CHOR A P 21e. PLACE AT HOME. S1	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FI The deceased from	OPERATION AY YEAR 19 ARM, ETC.) 80, or	211 LOCATION STREET 19 80 ATTENDING PHYSICIAN [PHYSICIAN [PMYSICIAN [PMYsic	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO: 10 9/12 death occurred an the death	20h IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	county p.80 22c. DATE	STATE STATE STATE that (I) (we causes state
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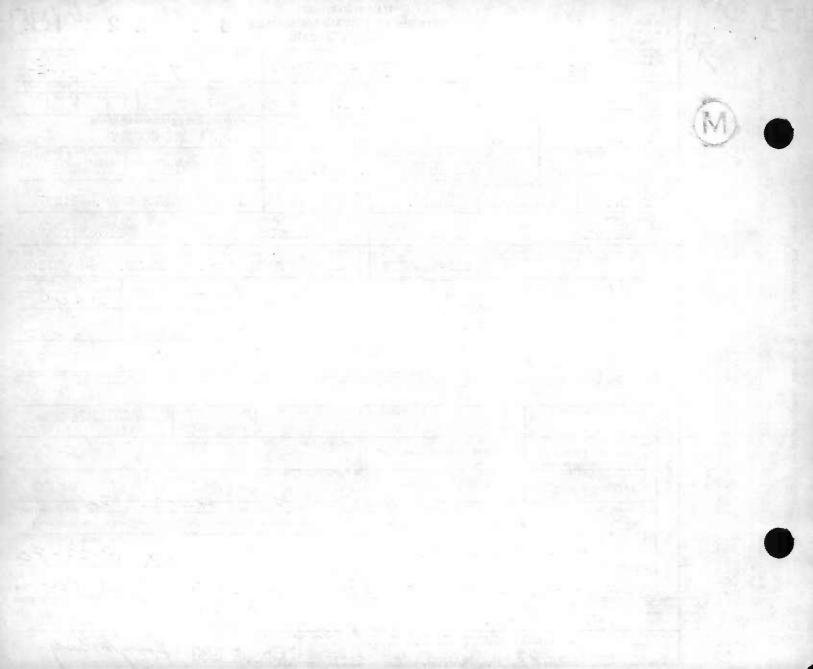
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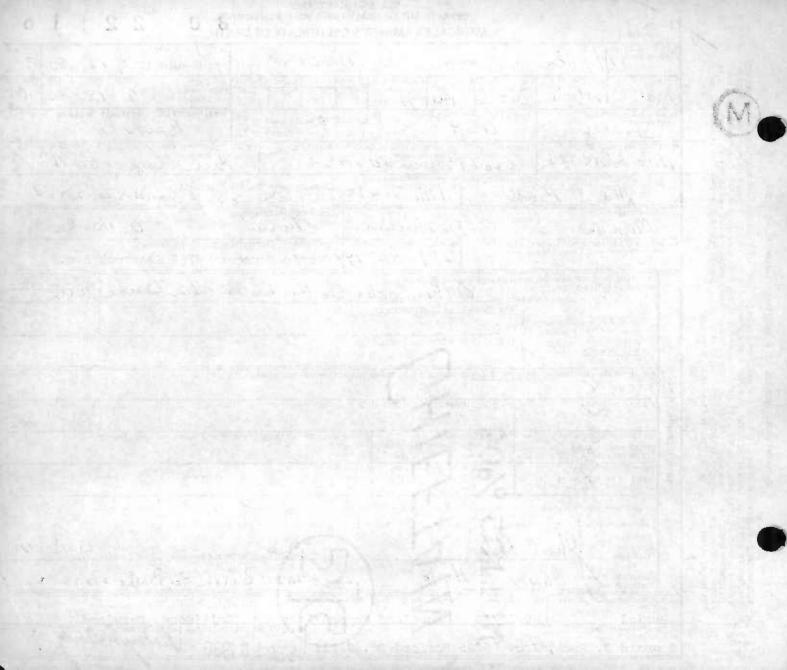
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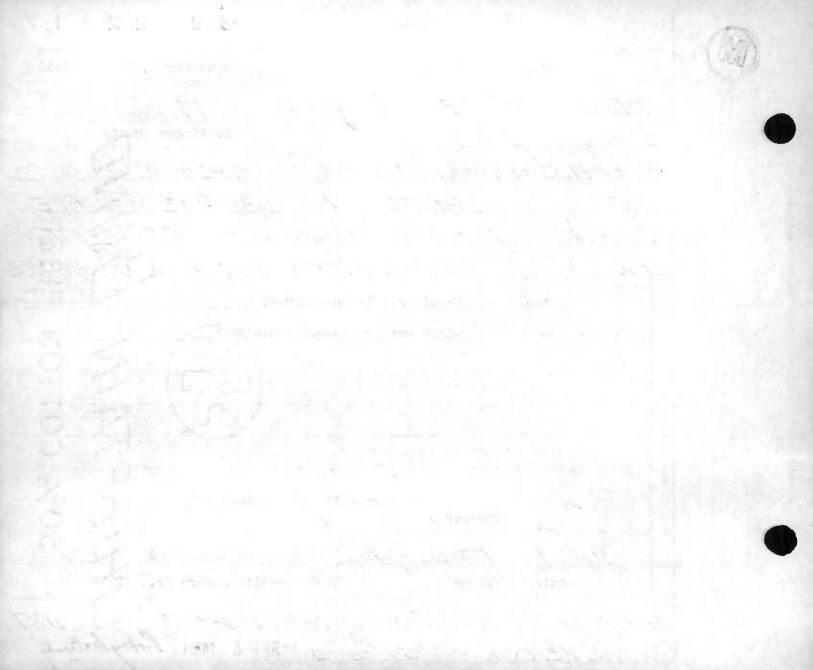
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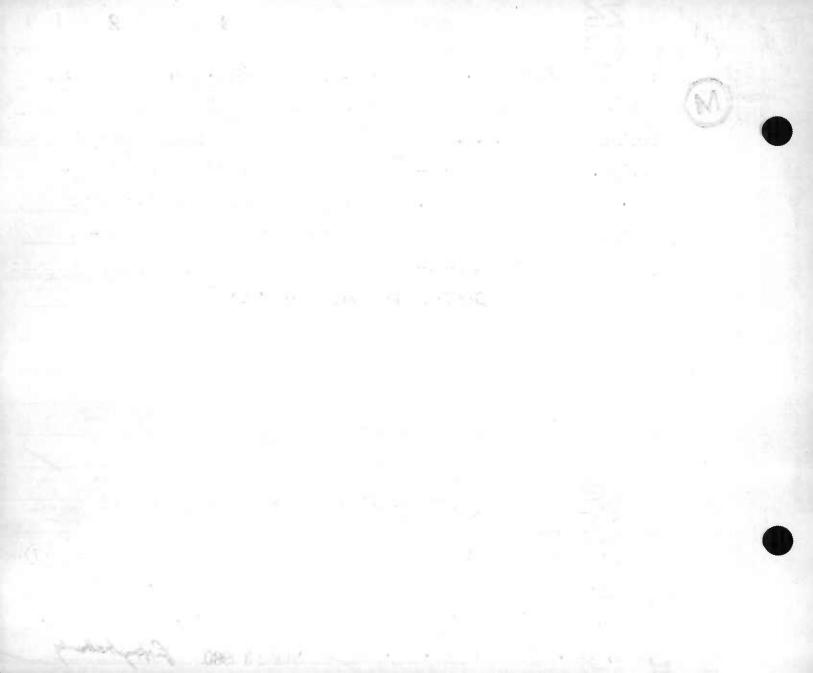
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) cola MARINO OF ESTI-NMN 1980 SEX S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE VEAD LAST BIRTHOAY) PRONOUNCED 30 cet 1901 78 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION NAME OF HOSPITAL, MUNDING ADDRESS POL 2123 4 120. USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE USUAL RESIDENCE DE IN NURSING 13a. STATE 131. CITY OR TOWN LE PIZ 13d. INSIDE (117 LIMITS) 13e. STREET ADDRESS NO R IL FATHER'S NAME IS MOTHER'S MAIDEN NAME Camille MIDDLE Miare 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Daughter: 166 SOCIAL SECURITY NO ADDRESS PAGES 1 LYES NO OR UNKNOWN) Connie Krueger 4762 Shamrock Ave. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) scleratei Cardis Vanculus Disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART | 102 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES [] NO DE 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION AT WORK WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE 23 BALTIMORE, MARYLAND, 23 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted fram Maturol couses Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE Rel 13 whi 21236 nd EXAMINER'S NAME TYPE OR PRINT 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park Burial 9/18/80 Baltimore. Maruland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** VR A15 ME (5)) 5305 Harford Rd. 21214 Leonard J. Ruck, Inc. 15M 7/77

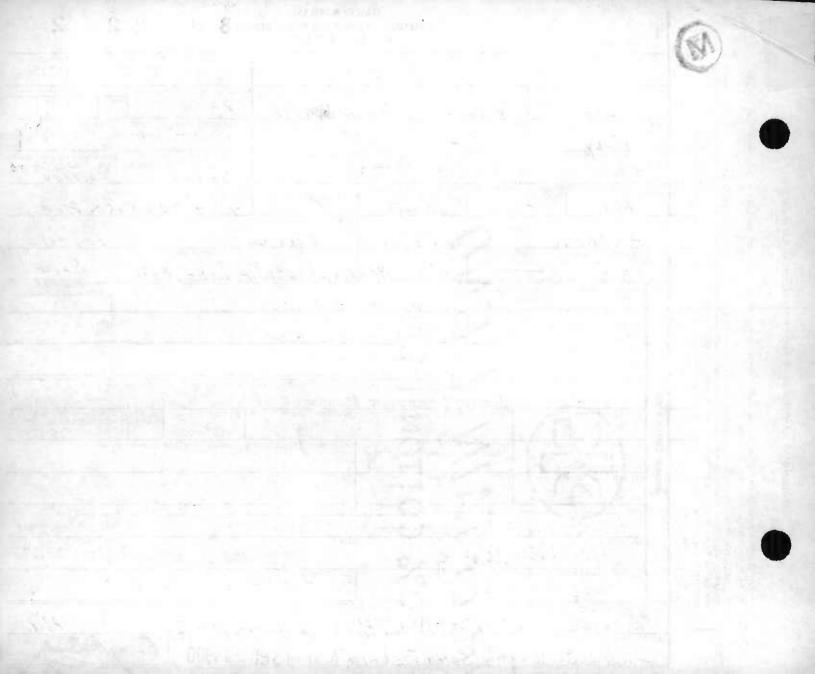




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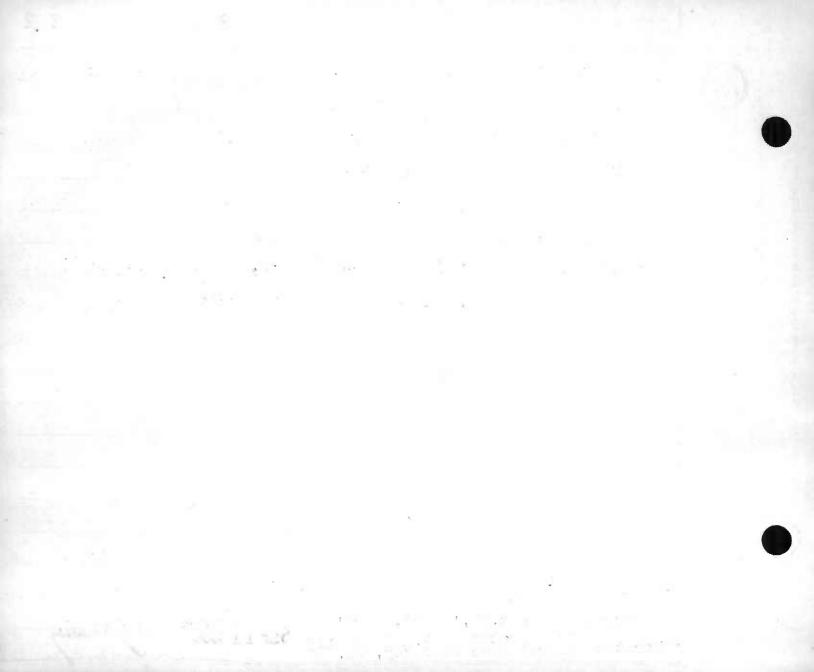




DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED Charles Clinton 19 80 Dorsev 6 AGE (IN YEARS IF UNDER 1 YE 4 RACE 2d. HOUR SEX DATE OF BIRTH 18 YRS. 62 PRONOUNCED 4:20A Aug. DEAD White Male 1980 a BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore County, D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 21204 Student Education Loch Raven Drive 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 21234 8608 Quentin Avenue NO IX FORM PM 3. 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Clinton Dorsey, Jr. Jacqueline Dolch ADDRESS DIVISION (YES, NO, OR UNKNOWN) 215-90-0353 Charles C. Dorsey, Jr. Balto., Md. No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HYGIENE, DI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chest trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, YES XX NO DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3:30 xx. MEDICAL driver of auto lost control 9 PRIOR 21f. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE WHILE AT WORK Balto. MD. street Loch Raven Drive. 22a. I certify that I taak charge of Inspection ond in my opinion TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 9/27/80 Deputy Chiefmedical examiner SIGNATURE EXAMINER'S NAME 111 Penn St. Thomas D. Smith. M.D. Balto., MD. Burial Sept. 30, '80 Moreland Mem. Park Baltimore Co., Maryland 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) William E. Johnson 8521 Loch Raven Blvd 15M 7/76

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(VRA 15, 4) 7/78



SAME PARKON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a A YES [UTOPSY?				OF DEATH?
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		220 I certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no	Sept	23 19		Rugend that in (m	, 19 <u></u>	deoth occ	- /	dote and l			that (I) (we) last couses stated
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230. BURIAL, CREMATION, REMOVAL BURIAL

IMPORTANT: If Item 21 is

DHMH - 16 50M 7/77 (VR A 15 (4))

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PUNERAL DIRECTOR
HAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE 9/25/80

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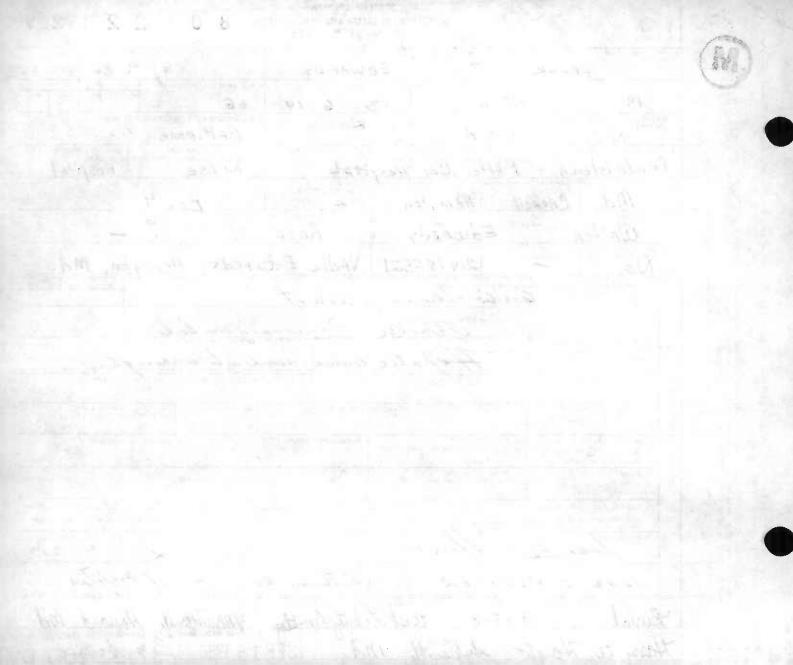
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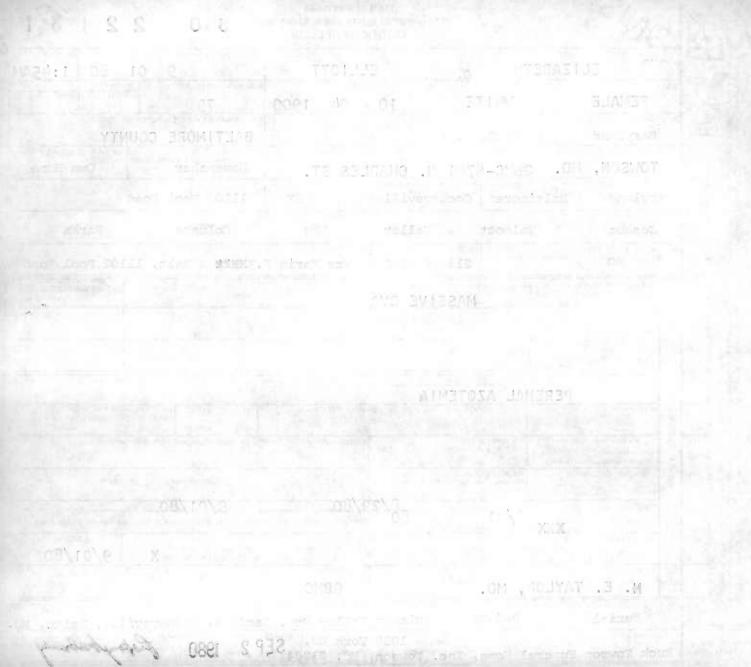
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CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

2b. HOUR

2a DATE OF DEATH

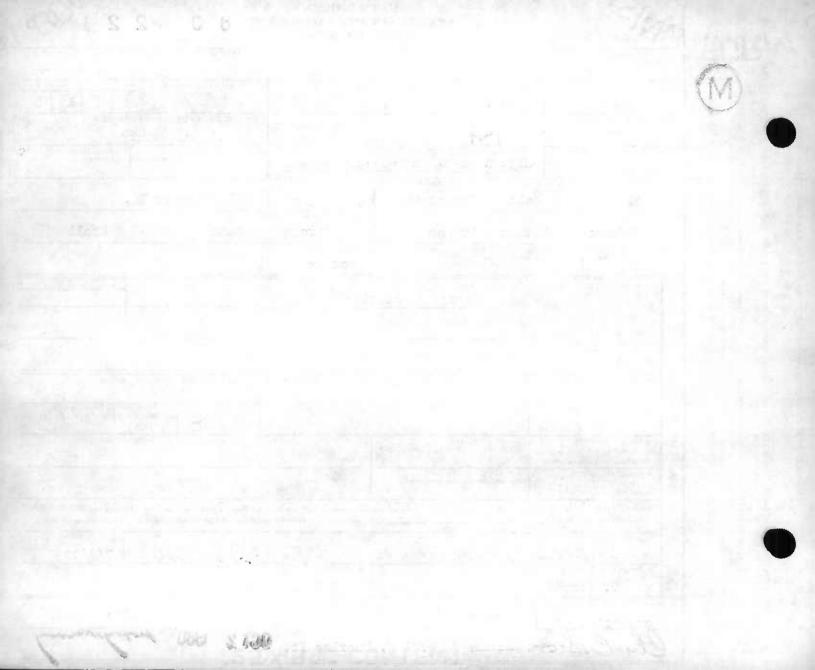
FOR

- STATE

REGISTRAR

DECEASED NAME

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THE DIPPEL BROTHERS INC. 7110 BELAIR RD. MARYLANDFP

(VRA 15, 4) 1/79



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ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256. RECT

FOR

REGISTRAR

24 FUNERAL DIRECTOR

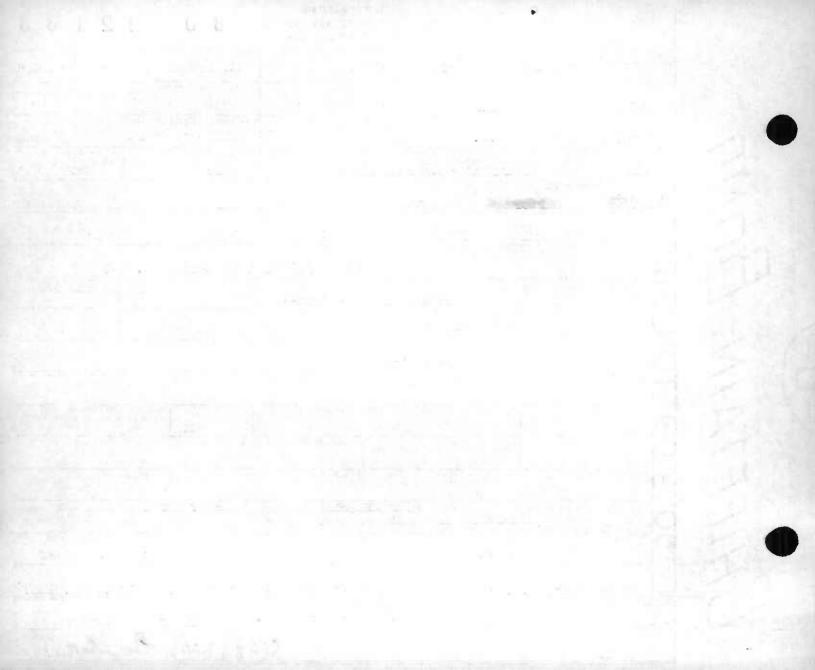
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	or Item	1	218, ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH		.M. MONTH [.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	RT T OR PART 2)		
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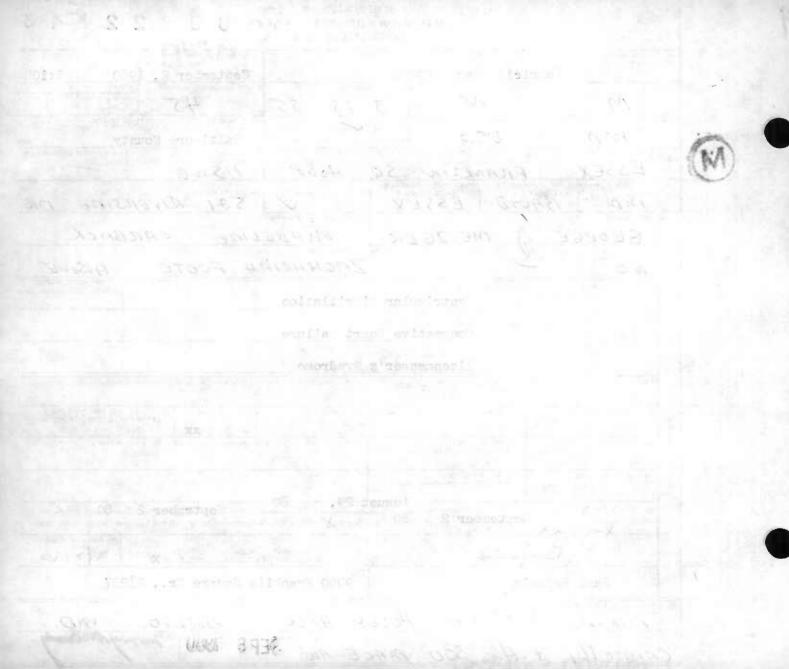
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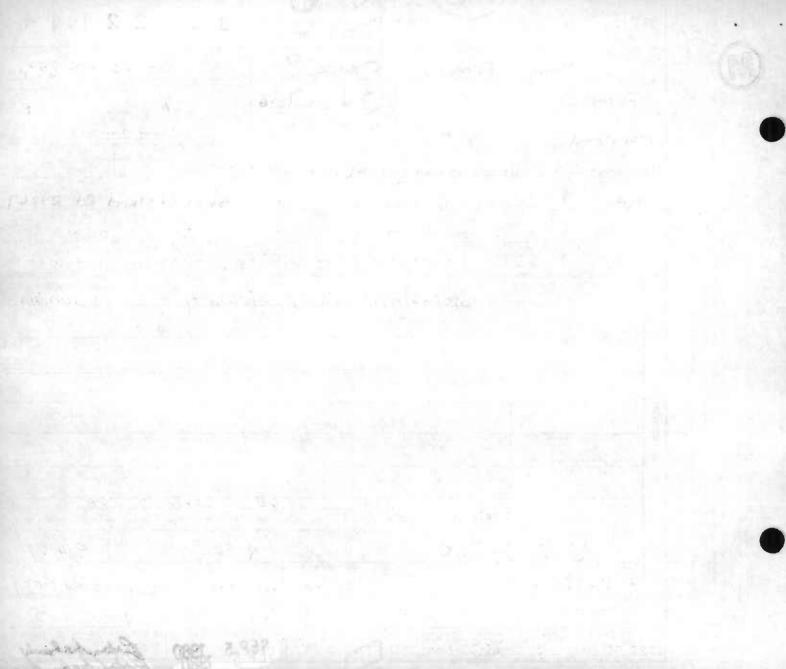
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he fune within		ITY OR TOWN OF DEATH	USA	OSPITAL, NUR	WIDOWE	DIVORCE		Baltimore		MD OF BUSINESS OR
5 -0 -hV		Towson	St. Jo		ospital			Gen. Con	F WORKING LIFE) INDUS	
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BALTIMORE, MARYLAND 21201 cate be executed within 24 hours or system and campletely filled in by opers. Pages 1 and 2 should be file and.		ATHER'S NAME Villiam	MIDDLE Fly	nn LAST		15 MOTHER'S MAID Elizat		WIDDLE	-M€Don	ough
IMORE, se execut on and co	16a V	VAS DECEASED EVER IN U.S. VES. NO OR UNKNOWN) (IF YES,	GIVE WAS OR DATES!	214-16		Mrs. H	elen	C. Flynn,	606 Knol	lcrest Pl.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific attending physicion. Iter this certificate has been signed by the ottending ph os the burial-transit permit. Then please remove carbon p th and Mental Hygtene prior to burial, cremation, or remonded or them 18 shows any injury, or other traumatic every or them.	CERTIFICATION	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OR DUE TO, OR DUE TO, OR (c)	AS A CONSECUTIVE TO SECUTIVE T	DUENCE OF DUENCE OF	NOT RELATED TO THE	SE TERMIN	200 AUTOPSY?	DITION GIVEN IN PAR 206. IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
VISION OF VITAL R. G PHYSICIAN: The Intending physicion. er this certificate has sife burial-transit per and Mental Hygiene ked or Item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M.	. MONTH	DAY YEAR 19 CE, FARM, ETC.)	21f. LOCATION STREET	OCCURRED	YES NO X	YES THE ITEM 18, PART 1 OR PART	NO [
HOSPITAL OR ATTENDInined by the hospiral or provided by the hospiral or FUNERAL DIRECTOR. A build be detached for use hithe State Dept. of Heal operation.	(220. I certify that IX (this has sow the deceased always above, on (we) (did) (the apple of the	Va Pet	deceased from 25 tree death.		d that in (my) (our) of the transfer of the tr	DING CIAN TIL	., 10	FIAN 9	the causes stated ATEGIGNED.
408 FBP		BURIAL, CREMATION, REMOV	AL 9/24/			METERY OR CREMA		Cockeys	sville, Md	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	L. Lowell	Lemmon,	10 W	. Pado	nia Rd.	SEF	2 5 1980	25b. REOSTRAR'S SIG	ATURE

ELECTRIC PROPERTY OF THE PROPE

	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0	221	4 3
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Eline Funeral Home Reisterstown, Md. 21136

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

HMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR

25a. DATE REC'D. BY REGISTRAR 25b. REG

IF UNDER 1 YEAR

MONTHS DAYS

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22t. DATE SIGNED

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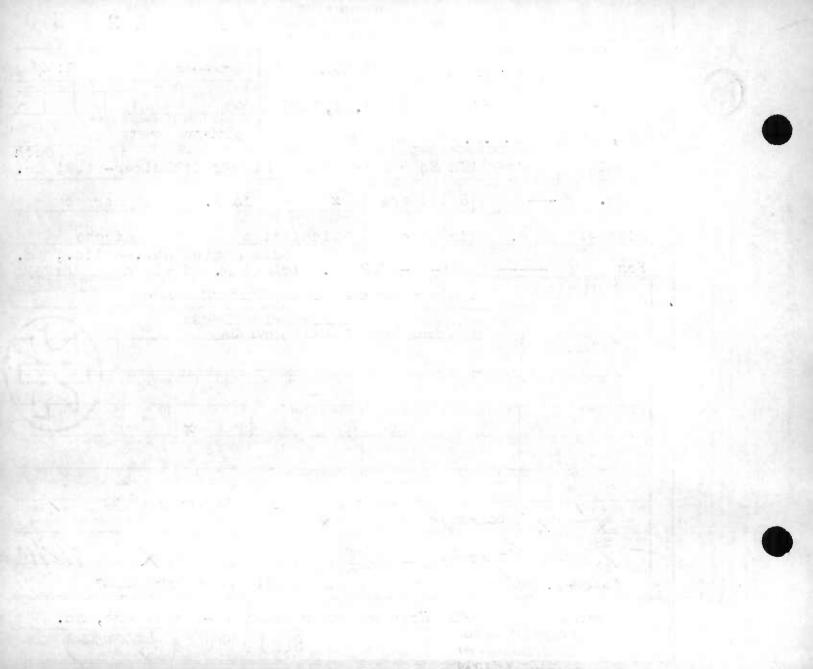
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-	1-	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 2 4 9 CERTIFICATE OF DEATH REG. NO.									
10	1. DECEASED NAME FRST Thomas MIDDLE J. Gillooly 20 DATE OF DEATH MONTH DAY YEAR 28. HOUR THOMAS-								2.40 A		
(M)	3. SE	Male RIHPLACE (STATE ORFOREIGN OUNTRY) altimore, Md.		White White The Citizen of What Country? USA		S. DATE OF BIRTH MONTH DAY NOV. 11, 1906 MARRIED NEVER MARRIED MIDOWED DIVORCED		6. AGE IN YEARS LAST BIRTHDAY) IF UNDER MONTHS			DAYS HOURS MIN.
12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	70. BI							Baltimore County,			
by the fu	10. CI	atonsville	Н	11. NAME OF HOSPITAL, NURSING HOME (# NOTIN SUCH FACILITY, GIVE STREEL ADDRESS) Spring Grove State		GHOME O	R OTHER INSTITUTION Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIEE) Laborer (Patient-Mental Hos			
filled in ould be	USU, 13a, S	TATE aryland	Ball.	other institution imore	GIVE RESIDENCE BEFORE LA CITY OR TOW CATONSVI	ile	134. INSIDE CITY LIMITS?	Spring Gro	ve Sta	te Hos	spital
ampletely on 2 shiner	14 FA	THER'S NAME FIRST James		F.	Gilloo	ly	15, MOTHER'S MAIDEN NA	MIDDLE		McAvoy	
be executed on and comp is. Pages 1 or	16a V ()	VAS DECEASED EVER II	U.S ARA (IF YES, GIVE	MED FORCES? WAR OR DATES)	217-58-1		17 INFORMANT r.& Mrs.Hube	rt F.Tierne			
prificate g physicic anpaper emaval.		18 CAUSE OF DEATH PART I. DEATH WA		y one couse pe DBY: E CAUSE (a)	RENAL	- F1	AILURE.			BETWEEN	MATE INTERVAL
requires that the death certificate is signed by the attending physici. Then please remove corbanpapes into burial, cremation, or removal, injury, or ather traumatic event, the		Conditions, if any, gave rise to imm		DUE TO, C	NEPH	NCE OF ROS	LEROSIS	78	The same		
that the day the lease remind, cremind, cremind.		cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (c) TSRINARY TRACT INFECTION									
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he law on. has ber t permit aws ony	CERTIFICATION	190 DATE OF OPERAT	ON	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	ZOO AUTOPSY?	20b. IF YES, V IN CERTIFY II YES	VERE FINDIN NG CAUSES	IGS USED OF DEATH? NO
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or attending After this ce as the burnal Marked ar the mar	MEDICAL	21d INJURY OCCURRI	LE 🗍	ZIa. PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TEN or us of He		22e.1 certify that (1) (this hospital) attended the deceased from									
SPITAL SATTI d by the haspit NERAL DIRECTO be detached for the State Dept of TANT. If hem 21	276 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
TO HOSPITAL TO FUNERAL should be det with the Store IMPORTANT.		BHARAT	ME (TYPE OR	PRINT)	ABHAKA	R.	SPRING CR	OVE HOSE	PITAL	CENT	ER
BP	23a E	URIAL, CREMATION, R	_	23h. DATE ept. 25.			hedral Cem.	23d LOCATION CITY OR TOWN Baltimore		land	STATE
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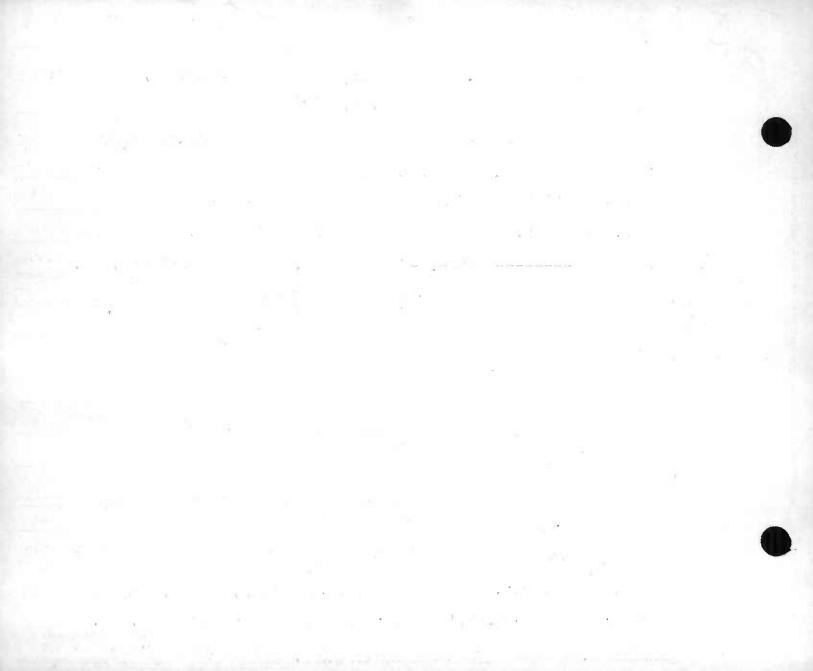
		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
p 9		CEASED NAME FIRST GUI	SEPPI (Joseph) GIROLAMO	September 8, 1980 25 HOUR 1:25p
T T T T T T T T T T T T T T T T T T T	3. SEX	Male	White Sept. 21, 1889	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS YRS
nerol di n 72 ho	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) USto, Italy	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DMORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County
s offer de by the fur iled within	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOR THE SUCH FACILITY, GIVE STREET ADDRESS! HOSPITAL E	126 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 KIND OF BUSINESS
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mpletely and 2 sh	14. FA	THER'S NAME Michael	D. Girolamo Cleminti	na Micona
n and ca		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 811	12 Analêe AveBalto., M nel P. Girolamo 2123
luires that the death ce signed by the attending nen please remove carby a burial, cremation, or rejury, or other traumatic.	Z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF Cardiovascul (b) Abdominal Pain of unknown e DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	tiology
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SICIAN: Ti 19 physicia certificate rial-transit ental Hygi Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
offendir offer this as the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET	CITY OR TOWN COUNTY STA
At CR ATENDIN the hospital or at DIRECTOR. After the Director and the Dire		720 I certify that M (this has sow the deceased alive a above, M (we) (dd) (did of the sound)	oitol) offended the decessed from September 5 1980 September 8 1980 , and that in (x/y) (aur) apinion (x/y) view the body after digith. DEGREE ATTENDING PHYSICIAN	to September 8, 1980, that (we death occurred an the date and hour and from the causes state death occurred and the date and hour and from the causes state death occurred and the date and hour and from the causes state death occurred and the date of the date
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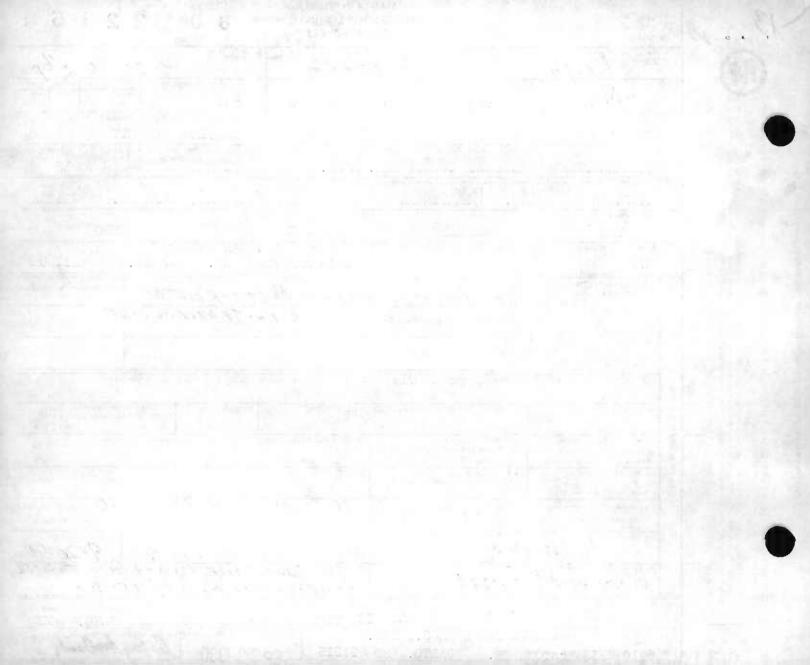
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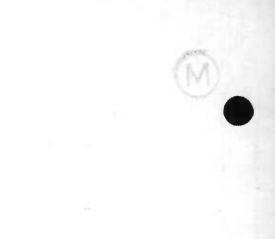
Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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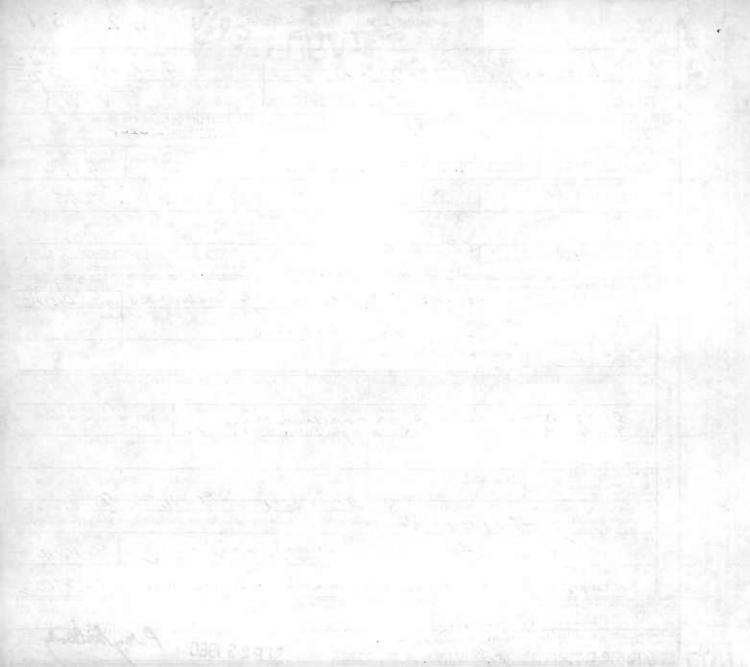


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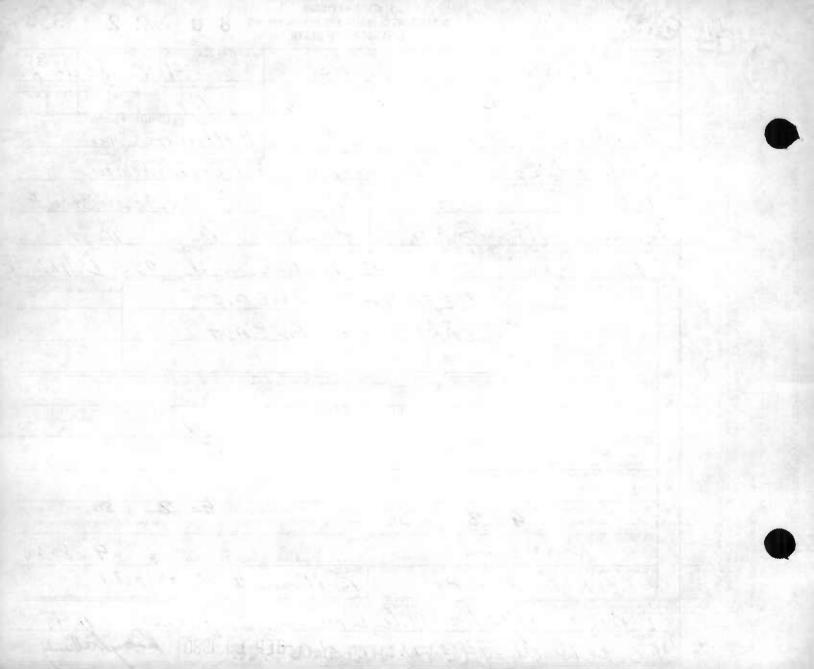
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6010 REISTERSTOWN RD BALTO MD 21215



- 4	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	22158
M) II		CEASED NAME FIRST ORPRINT) BESS	IE S	GOYNES		MONTH DAY YEAR 26 HOURS 5 12 AM
age 4	3 SE	F	4 RACE	S DATE OF BIRTH MONTH JAY VEAR JOHN J	AGE (IN YEARS LAST BIR	THDAY IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS
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and the state of t	2	THER'S NAME FIRST EOM (MIDDLE Smit	15. MOTHER'S MAIDEN NA.	MODIE	Boone
ertificate be exemply sician and or papers. Pages 1 emoval.	140 \	1 16	RMED FORCES? 166 SOCIAL SEC SE WAR OR DATES] 2/3-14	-5942 Theodore	2 Smith	ESS 125 Dolphin S APPROXIMATE INTERVAL BETTWEEN ONSE TAND DEATH
requires that the death c n signed by the attending hen please remove carbon to burial, cremation, or r iy injury, or other trauma	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF JEATH BUT NOT RELATED TO THE TERM		IDITION GIVEN IN PART \$(0)
u: The law rec te has been si permit. Then iene prior to	PICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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NG ifter and and arked		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	.FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ATTEN bital or a ECTOR for use a of Hea		saw the deceased alive an	ital) attended the deceased from.	. and that in (my) (aur) opinion DEGREE	, to — death occurred an the d	19 80, that (I) (we) last late and haur and from the causes stated
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TO HOSPITA retained by the TO FUNERAL should be deta with the State IMPORTANT.	23a	CEDRAE BURIAL, CREMATION, REMOVAL	KURIAN [23b. DATE / [23c	Balli nun NAME OF CEMETERY OR CREMATORY	e Courty	supua.
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SLACK Funeral Mome, Ellicott City, Md. 21043

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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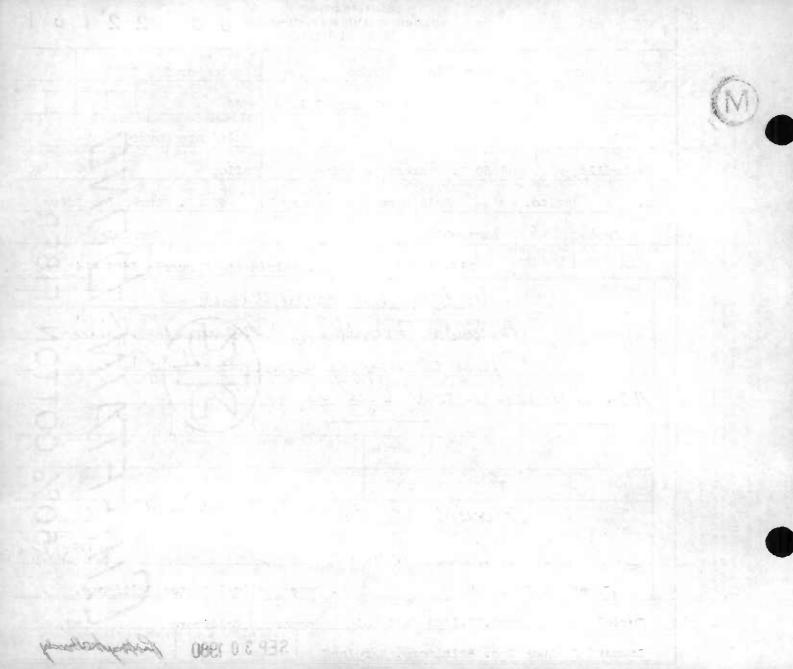
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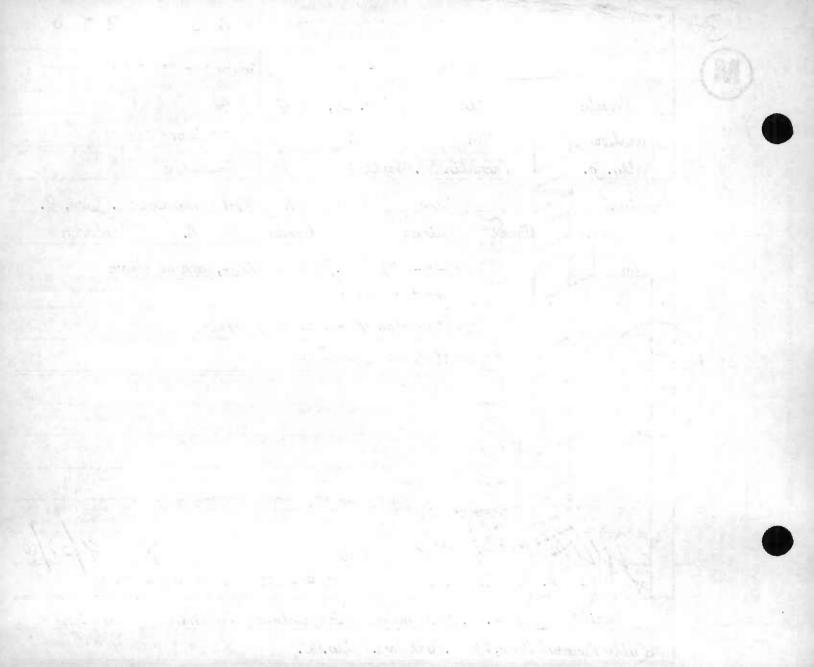
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE



3	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 U	din O.	2 1	6 2
M			cie	Belview		egory	September 2	MONTH DAY		26 HOUR 3:07 ам
	J. SE	× Female	4. RACE	White	S. DATE C	. 29° 1887	6. AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
or 72 hou		IRTHPLACE (STATE OR FOR COUNTRY) Maryland	FIGN 76 CITIZ	EN OF WHAT COUNTRY?	8. MARRIEI WIDOWE	V	9. BALTIMORE CITY O Baltimor			MD
follow the to		Balto. (o.		ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVESTREET, RANKLIN SQ. F			12a. USUAL OCCUPATH (TYPE OF MORK FOR MOST 9 HOUSEWL)	WORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS OR
filled in Annual be	130 Ma	state 113	HOME OR OTHER IN:	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO X		wden Ro	d.(has	e.Md.
ond 2 sh		James	Albei			15. MOTHER'S MAIDEN NAM	MIDDAE		Unknoi	un
Pages Pages medical		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FO IF YES, GIVE WAR OR		1443	Mr. Charles B	ADDRE			
physicio npapers moval.			Enter only one of CAUSED BY:	ouse per line for (o), (b), an Cardi	ac ari	rest			BETWEEN C	MATE INTERVAL ONSET AND DEATH
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te has been ssit permit. Silene prior shaws only in	CERTIFICATION	19a. DATE OF OPERATIO	DN 196	CONDITION FOR WHICH	OPERATIO		YES NOK	IN CERTIFYI YES		
burial-tronsii Mental Hygi or Hem 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	TIME OF INJURY OUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2}	
ter this of the bull of the bull with and Milked or liked	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE: I	C 1	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
TOR: Affor use of Health		22a.1 certify that (* (the saw the deceased above, * (*)	olive on	telliber 20 m	sep ter 80	nber 17, 19 80 and that in () () (our) opinion	to Septemic death accurred on the de		80 and from the	that (we) lost causes stated
y the hasp RAL DIRECT detached for ote Dept. o		Mala	Mor	ing mp		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		220.00	12/80
TO FUNERAL I TO FUNERAL I Should be deto with the Stote I IMPORTANT: #		Miguel	A. Mon	tejo, M.D.		9000 Frankli		rive 2	1237	,
P		BURIAL, CREMATION, RE (SPECIFY) Burial				EMETERY OR CREMATORY Park Cemeter	23d LOCATION CITY OF TOWN Baltimo	re	Maryle	
5 30M 2/80 15, 4)	24 F	UNERAL DIRECTOR	nal Hom	e, 130 E.Font	Ave.	Balto. Md. SE	P 22 1980	Just feet	y the	risdy



Bruzdzinski Funeral Home PA 1407 Old Eastern Ave FP

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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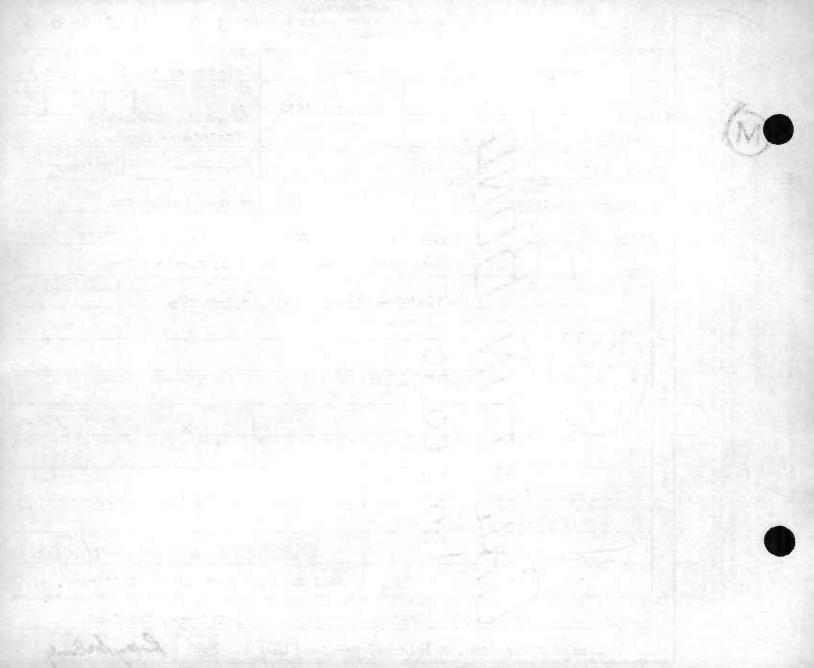
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Enrique a. Herrera , M.D. 620 Edstern Blvd., Balto. Ma. 21221

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MARYLAND 21201

DIVISION OF VITAL RECORDS,



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 HR.

INDUSTRY

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Ruby Julia Haddaway 1980 4 RACE IF UNDER 1 YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 1902 Female White 78 9. BALTIMORE CITY OR COUNTY OF DEATH

7a. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED KKNEVER MARRIED MD IISA IR CITY OR TOWN OF DEATH

Baltimore

Clinton

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

8619 Church Lane 13c. CITY OR TOWN

Peddicord

166. SOCIAL SECURITY NO.

216-32-2044

Randallstown

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

Julia

13e. STREET ADDRESS 8619 Church Lane MIDDLE

Baltimore County

TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker

Moxtey Ann

17. INFORMANT John Austin Haddaway 8619 Church Lane, Randallstown, MD 21133 MYGCARDIA - INFARCTION

ENJUSCLEROILC HEART DISEASE PERTENSIVE C-V. DISEASE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

gove rise to immediate couse (a), stoting underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONPRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

HOUR A.M. MONTH DAY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY?

YEAR

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

PART I. DEATH WAS CAUSED BY

P.M. 21e. PLACE OF INJURY

216. TIME OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

21f. LOCATION

22e ADDRESS

STATE

NO I

- STATE

MD

John

DEGREE

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

_19_____. and that in (my) (of) opinion death accurred on the date and haur and from the causes stated

23a BURIAL, CREMATION, REMOVAL Burial

23b. DATE 9/25/80

23c. NAME OF CEMETERY OR CREMATORY Lake View Mem. Park

NO

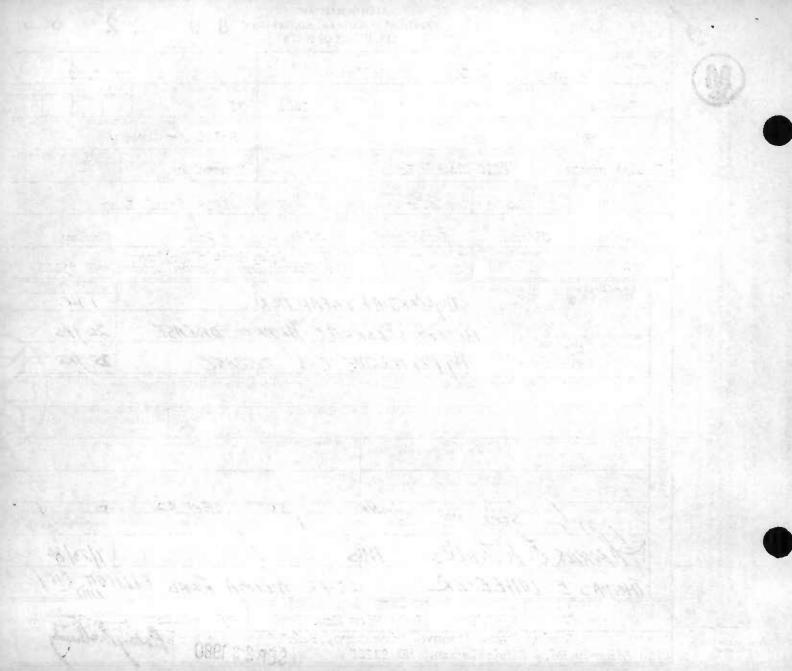
CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

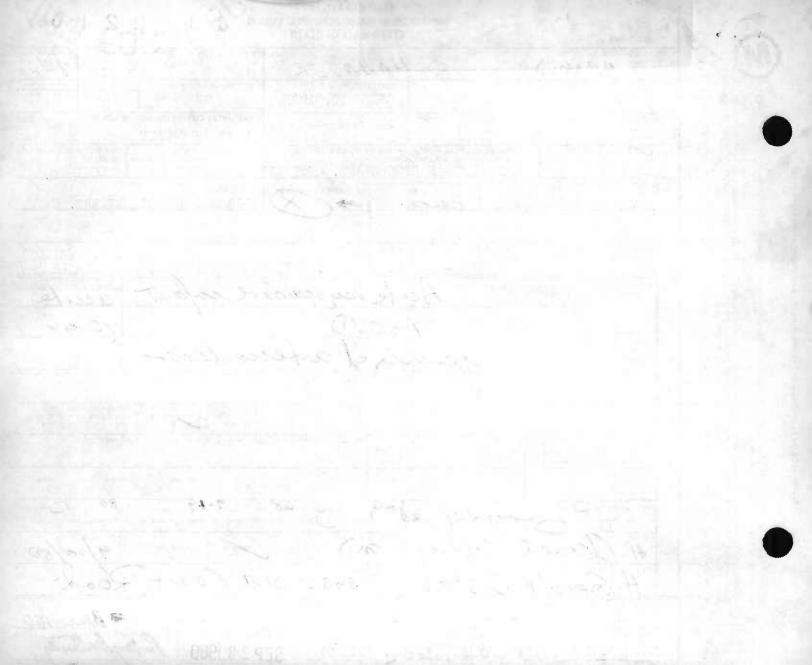
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DHMH-16 30M 2/80 (VRA 15, 4)

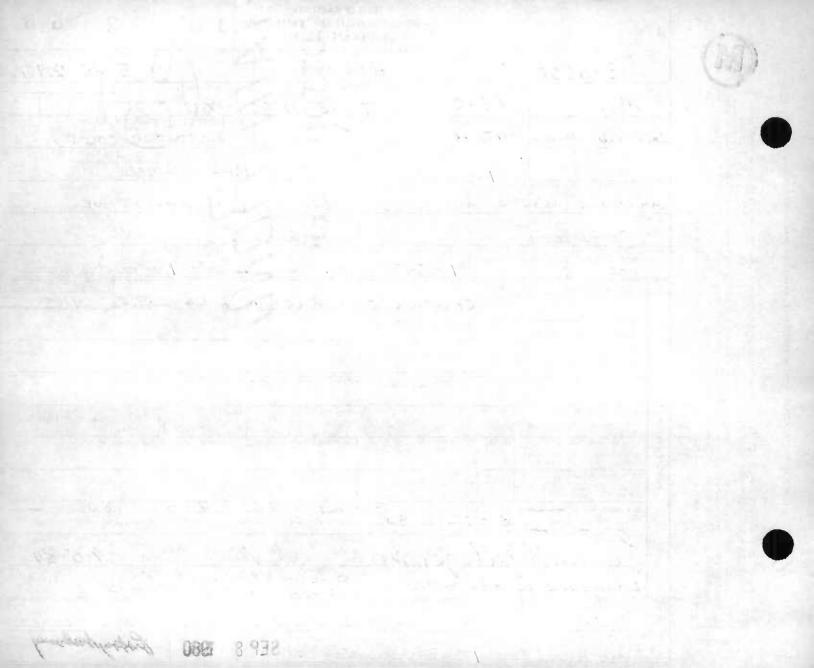
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 30 DATE REC'D. BY REGISTRAN 14 8728 Liberty Rd., Randallstown, MD 21133



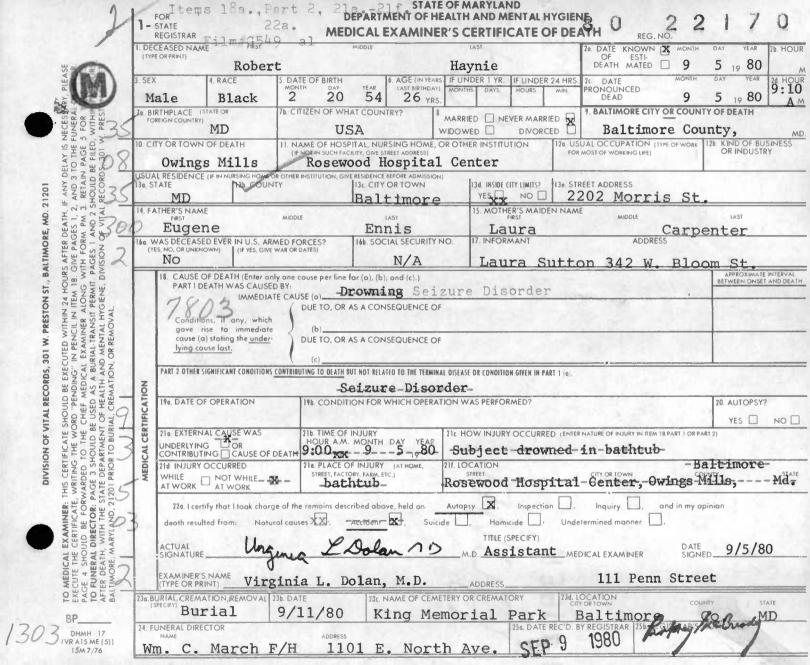
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2 88		SEX		4 RACE		5 DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNOER I YEAR	IF UNDER 24 HRS
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r death			ANY		SA	WIDOWE	D DNORCED	BALTIMORE C			MD.
the twith			Y OR TOWN OF DEATH	(# NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12R USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	12h KIND C	OF BUSINESS OR
in by	4		ALTIMORE L RESIDENCE # NURSING HOME		MINDALE C		APT. C(21207	SUPERVIS	ER	HECH'	ГСО
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cuted omplet and 2	0		SALLY	MIDDLE	HANAUER		FIRST ELLR	WIDDLE	F	IESS (AS	Л
T ve			AS DECEASED EVER IN U.S.	ARMED FORCES?	160 SOCIAL SECU		17 INFORMANT	ADDR	FCC	. C.	(21207)
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equire signec p burit			PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	INTERNITING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	NIN PART 1	01
any any		٤			V						
DING PHYSICIAN: The law re- titending physician. After this certificate has been si s the burial-transit permit. Then tith and Mental Hygien pririt. marked or Item 18 shows any ii	2	CERTIFICATION	10 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	WERE FINDING CAUSES	OF DEATH?
Cian. Cian. Fricate Insit pr Hygie	7		210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCU	YES NO	JRY IN ITEM 18, PART		NO 🗆
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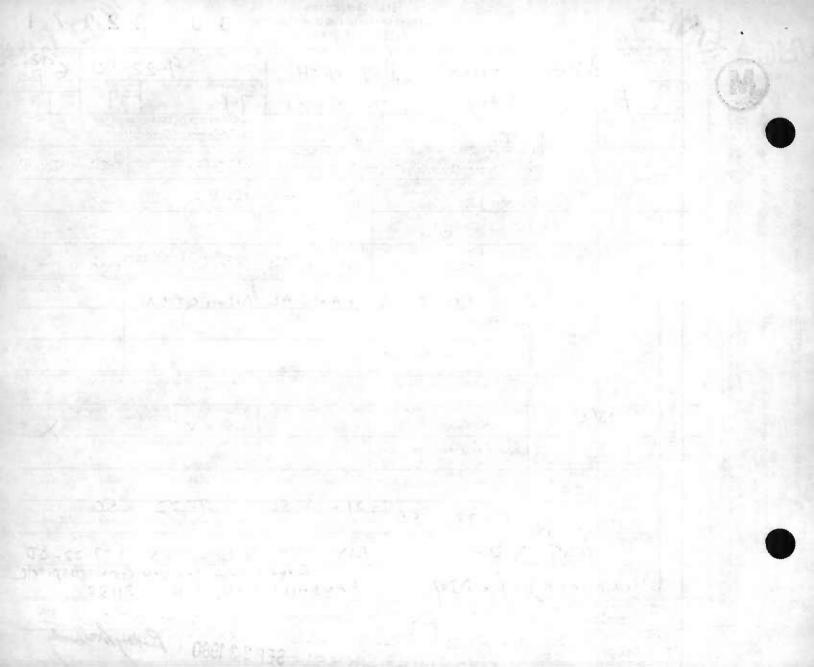
0	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8 O	2 :	2 1	6 8
(MI)	1 DE	CEASED NAME FIRST EORPRINT) ERNEST	M	IDDLE	HA	RDY	20. DATE OF DEATH	9 5		b. HOUR 2:40 PM
4 100	3 SE	× M	RACE	0	5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	F UNDER 24 HRS
Store of the store		CHNTRY	CITIZEN OF V	HAT COUNTRY?	8 MARRIEI	13 190 Never Married	9 BALTIMORE CITY	YRS.	FDEATH	
11 12 10		EFFIELD, ENGLAND	BRATIS .		WIDOWE		120. USUAL OCCUP		COUNT 12b KIND OF E	
10 4 4 6	Ho	Jethanne	1706	Arbutus	Aven	ue	MFG. EN	ST OF WORKING LIFE)		
AND 212 AND 212 And in Could be Could be	13a	ALRESIDENCE (IF NURSING HOME OR C STATE 13b COUNT ARYLAND BAL	THER INSTITUTION,	BIVE RESIDENCE BEFOR 13c. CITY OR TOW Haletho	ADMISSION)	134 INSIDE CITY LIMITS	1706 AG	BUTUS	AVE	
MARYLL est without ond 2 st	14. F	ATHER'S NAME Robert Hardy	DDLE	LAST		15. MOTHER'S MAIDEN Sophie	MIDDIS .		LAST	100
MORE, seedult Co Pages 1		WAS DECEASED EVER IN U.S. ARM	ED FORCES? VAR OR DATES)	015-03-7	207	Mna Yuann		1706 Arb	outus A	venue
RDS, 201 W. PRESTON ST., BALL equires that the death certificate is signed by the attending physicis. Then please remove carbon paper to buriol, cremation, ar removal. niury, ar other traumatic event, this	NO	Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUI	ENCE OF		ERMINAL DISEASE OR CO		~//	NE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, NG PHYSICIAN The law requir t oftending physician. After this certificate has been sig as the bural-transit permit. Then th and Mental Hygiene prior to b arked or flem 18 shaws any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY? YES □ NO 🔀	IN CERTIFYIN	VERE FINDING	S USED F DEATH?
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ATTENDI ospital or ECTOR: A d for use it. of Heal m 21 is m		220.1 certify that (I) (this hearts saw the deceased alive an above, (I) (wo) (did) (did not) 22b SIGNATURE				d that in (my) (and apir	78 to 9-			
by the by the ERAL D		TOUTENCE S		ager,	NO	ATTENDIN PHYSICIA	N B DIRECTOR PHY	SUTER	9-5-	.80
TO HOSP retained TO FUNE should be with the IMPORTA	230	LAURENCE D	23b. DATE		NAME OF C	METERY OR CREMATO	S + PINE	HEICH I	5	CTATE
4304 BP		burial UNERAL DIRECTOR	9/8/8	30 1	leadou	ridge (emet	ery Dorsey Date REC'D. BY REGISTR	HOW	and Ma	ryland
DHMH - 16 50M 1/76 (VR A 15 (4))	A	mbrose Juneral to	ome 13	28 Sulph	ur Sp	ring Rd.	EP 8 1980	fish	James	wy



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AND SHOULD BE Contract | 1880 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 | 189 |



N TO S. C. L. & Green

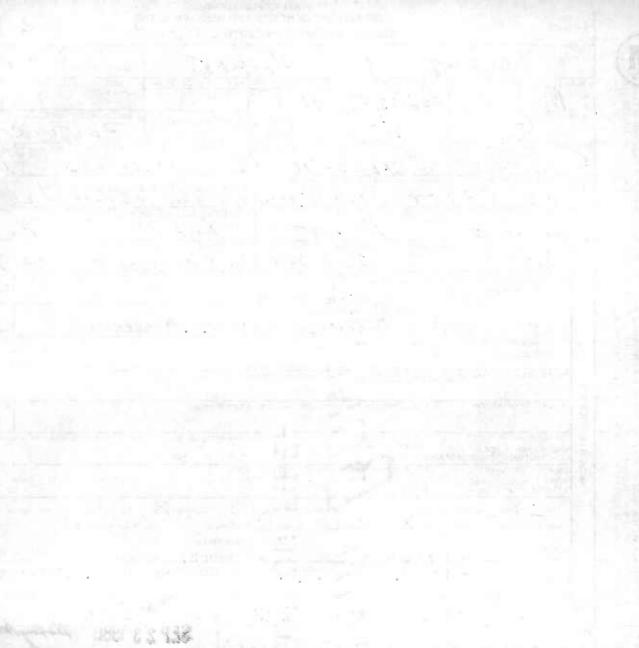
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0	YPE OR PRINT)	Dani	el	Earl		Henni	ne	1	OF EST	TI-	9	2219 8	0
13	EX	4. RACE	5. DATE OF BIR	TH	6. AGE (IN YEAR	S IF UNDER 1 YE	R. IF UNDER		DATE		MONTH	DAY YE	
M	ale	White	7 5			MOITHIS BATS	HOURS	MIN. PR	DEAD		10	6 19 8	0
7a.	BIRTHPLACE (STATE OR	76 CITIZEN OF		TRY? 8	MARRIED	NEVER MARRIE	ED [9.	BALTIMORE	CITY OR	COUNT	Y OF DEATH	
2		Carolina		S.A.		WIDOWED [DIVORCE		Balt	imor	e Co	unty,	
10.	Chase	OF DEATH	/ IF NOT IN SUC	HEACHITY GIVES	TOPET ADDRESS!	or other insti ern Aven		12a. USUA FOR MO	L OCCUPATION STOF WORKING I	ON (TYPE OF	F WORK	Conti	BUSIN STRY PNT
	AL RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION	VI						U	in I
13a	STATE	13 COUN	r Ltimore	13c. CITY	1timore	219 13d INSID	E CITY LIMITS?	730	7 Detz	Ave.	4		
14.	ATHER'S NAM						THER'S MAIDE		MIDDLE			LAST	
	John		F.	He	nning	Bo	nnie		MIJULE		Wo	ollard	
160.		ED EVER IN U.S. ARA			CIAL SECURITY		RMANT	- 130	AC	DDRESS			-
L	Yes	Navy	196-?	213	-46-242	O Lou	Matth	ai (B	rother	in I	law)	Balt	IM (
	18. CAUSE	OF DEATH (Enter on DEATH WAS CAUSED	ly one cause per	line far (a), (b), and (c).)		•	11/2/12				APPROXIM BETWEEN OR	ATE INTE
	91		TE CAUSE (a)	Gu	nshot w	ound of	head						
	1-6	DUE TO, OR AS A CONSEQUENCE OF									1.5		
	gove	ons, if any, which rise to immediate	(b)										
		o) stating the <u>under-</u> ouse last.	DUE TO,	OR AS A COM	NSEQUENCE OF	MISTER							
			(c)										
			(c)										
Z		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE DR CONDI	TION GIVEN IN PAR	RT 1 (a)					
TION		SIGNIFICANT CONDITIONS				AL DISEASE DR CONDI		RT 1 (a)				20. AUTOP	5Y?
IFICATION						i i e e		RT 1 (a)					
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(M)		CEASED NAME FIRST AUGUS	ST L. HERBERT 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 10. DATE KNOWN MONTH OF ESTI- DEATH MATED 11. DEATH MATED 12. DATE KNOWN MONTH OF ESTI- DEATH MATED 13. DATE KNOWN MONTH OF ESTI- DEATH MATED 14. DEATH MATED 15. DEATH MATED 16. DATE KNOWN MONTH OF ESTI- DEATH MATED 16. DATE MONTH OF ESTI- DEATH MONTH OF ESTI- DEA	19 19 80 P. MM
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ST., BAE. HOURS / W 18. GN NG WITH WITH PAC		PARTIDEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST., 124 HOU ITEM 18 ALONG 1 PERMIT.		IMMEDIAT	ECAUSE (o). Cardiac arrest	minutes
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ITAL RECOING BE SHOULD BE RRD "PENDID CHIEF MEE CHIEF MEE OF HEALTH LALL CREMA	3	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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VINER FICAT TOR: AND,		death resulted from: Natur		ian
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HOUNTH, WALE		SIGNATURE Thater		9-20-80
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CETTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRIR		EXAMINER'S NAME MAT	tin E.Strobel, M.D. 59 Hanover Rd. Reister	stown, Md.
PAFTE BALL	23a.B	URIAL, CREMATION, REMOVAL 2	3b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	shee.
BP	1	SURIAL !	1-12-80 WEW CATH. CEM! BALTO.	for PO.
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. E	UNERAL DIRECTOR	4. 1100 REISTERSTORIUS RD 250. DA PRODY & CHALLES	menny
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Inc

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF LINDER 24 HPS

Workers

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STATE

Md.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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(VR A 15 (4))

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REGISTRAR

24. FUNERAL DIRECTOR Duda-Ruck.

Wise Ave.

A refer to the contract of the describe delication property and the secretary

Baltimore, Maruland

(VR A 15 (4))

Leonard J. Ruck, Inc.

refractional managements 8 d 2 2 1 1

Balto., Md. 21213

STATE OF MARYLAND

FOR

(VRA 15, 4) 7/78

Home Inc.



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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(MI)			CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST	20	DATE OF DEATH		YEAR	2b HOUR
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e exec Poges			VAS DECEASED EVER (ES, NO OR UNKNOWN)	N U.S. ARM (IF YES, GIVE W		212-10-		Mrs. Ann	ra M. L	00tu - 23/	ss 8 Foste	n AVe	1234 nue
ficate b ohysicial papers, naval,			18 CAUSE OF DEATH	AS CALISED	2V			enal fail				APPROXU BETWEEN C	MATE INTERVAL DNSET AND DEATH
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OR ATTENDI e hospital ar DIRECTOR: A piched for use Dept. of Heal			220.1 certify that No. sow the decease above, (No. we) in	d olive on	Septemb	er 3. 19	80 , or	DEGREE) opinion deo	th occurred on the do	te and hour or	22c. DATE	
TO HOSPITAL of retained by the repoined by the should be determent. With the State Elements in MPORTANT: If	1		224. PHYSICUM SNA Abdohami			n ou	1-11	22e. ADDRESS		Dr. Towson			-00
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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- 9 - 49 1	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	T. DECEASED NAME FIRST MODILE HULSON 20. DATE KNOWN & MONTH DAY YEAR 12. HOUR OF ESTI-DEATH MATED 9 26 19 80 65 M
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E, MD.	15. MOTHER'S NAME FIRST Jane I.6. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2927 Clayton Rd
URS AFTER LOURS AFTER WITH FOR WITH FOR DIVISION	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO. Gorman W. Hudson, Joppa, Md, 21085
ST., HOUL A 18 AG AG A	IS. CAUSE OF DEATH (Enter only one cause per limited by bloom (cl.) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OS MICHISEQUE OF, A
W, PRESTON D WITHIN 24 ENCIL IN TER AMAINER PER ENTAL HYGIE REMOVAL.	Canditions, if any, which gave rise to immediate cause (a) stating the under-
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00	PAG TO TO A	23a.B	SURIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. 1	NAME OF CE	METERY C	R CREMATORY	23d. L	OCATION Y OR TOWN		COUNTY	\$1	TATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE A - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ANTONIETTA Antoinette Impaciatore Sept. 24 1980 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Female White March 6, DAY 1900 EAR Ta. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Italy MARRIED NEVER MARRIED U.S.A. WIDOWED Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR St. joseph Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson Homemaker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13b COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 1204 Dulaney Valley Road Towson YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gabriele Colluci DeLuca Concetta ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Lucy I. Bickford 1204 Dulaney Valley Rd 177-14-1898D 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY:

Acute myocardial infarction APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR A CASTO TO SHOCK Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR A A TENTIOR CONTROL Cardiovascular hours disease underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NO [the burial-transit and Mental Hygie 21a ACCIDENT WAS UNDERLYING 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 cortify that (TX(this haspital) attended the deceased fram-Sept 23 -, to Sept. 24. 19_80 80 , that (X (we) last saw the deceased alive on abave (Hywe) (did) (did) Sept 1980 and that in (Ky) (aur) apinian death accurred an the date and hour and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED Sept.24,1980 ATTENDING MEDICAL should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 6012 Harford Rd., Baltimore, Md. 21214 Nestor Carmona, M.D. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial 9-27-1980 Most Holy Redeemer Maryland Baltimore 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRES 1050 York Road (VR A 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Maryland

Q & THE RESIDENCE

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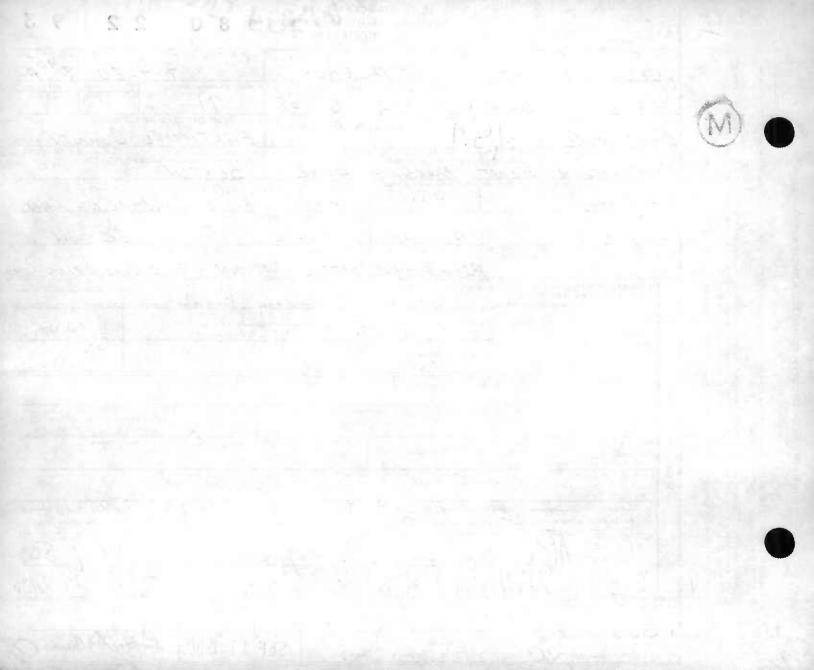
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/ .	Items #10a-22a f for state registrar	10	MARYLAND H AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO	22192
	ECEASED NAME FIRST (PE OR PRINT) Richar	ed William In	20 DATE KNOWN X OF ESTI- DEATH MATED	MONIH DAY YEAR 25. H
I SE			INDER I YR. IF UNDER 24 HRS 2c. DATE	MONTH DAY YEAR Zd. H
Ma		5 31 1957 23 YRS.	DEAD	9 21 1980
FC	BIRTHPLACE (STATE OR OREIGN COUNTRY) Maryland	U.S.A WIDO	RIED NEVER MARRIED	
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OT	THER INSTITUTION 120 USUAL OCCUPATION (TYPE	re County, OF WORK 12b KIND OF BUSINES OR INDUSTRY
K	Timonium	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 205 Abbey Hill Cour	for most of working life) Student	XXXX
13a, 5	Maryland Balt ATHER'S NAME FREST	Timonium MIDDLE LAST	13d INSIDE (ITY LIMITS? YES NO 205 Abbey Hi	LAST
160.	Thomas Irving WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIAL SECURITY NO.		5 Abbey Hill C
	No (IF YES, GIVE	216-76-8497	Thomas I. Insley Sr. Ti	monium Md.
	PARTIDEATH WAS CALISED	y one cause per line for (o), (b), and (c).)		APPROXIMATE INTER
NO		(c)CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 1 (a).	·
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CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONTH DAY YEAR .	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 P	ART 1 OR PART 2)
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	ACTUAL SIGNATURE	al couses . Com Surchall	Hamicide Undetermined monner TITLE (SPECIFY) Deputy Chief MEDICAL EXAMINER	DATE 9/22/80
		nomas D. Smith, M.D.	ADDRESS 111 Penn	Street
	BURIAL CREMATION, REMOVAL 2 (SPECIFY) Burial FUNERAL DIRECTOR		on Cemetery Hurlock De	orchester M
	NAME	on 10 W. Padonia Road	SEP 3 0 1980	My habrerly

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> -	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF CEMETERY		23d. LOCATION	_ COUNTY ,	STATE
		Burial	9/13/80	Arbutus Men	n. Pk.	Arbutus	Md.	
	24. F	UNERAL DIRECTOR			25e. DATE	REC'D. BY REGISTRAR	256 RESSTRAR'S SIONA	THRE
16 25M , 4) 1/79		NAME	ADDR		SFF	11 1980 1	property /KE	
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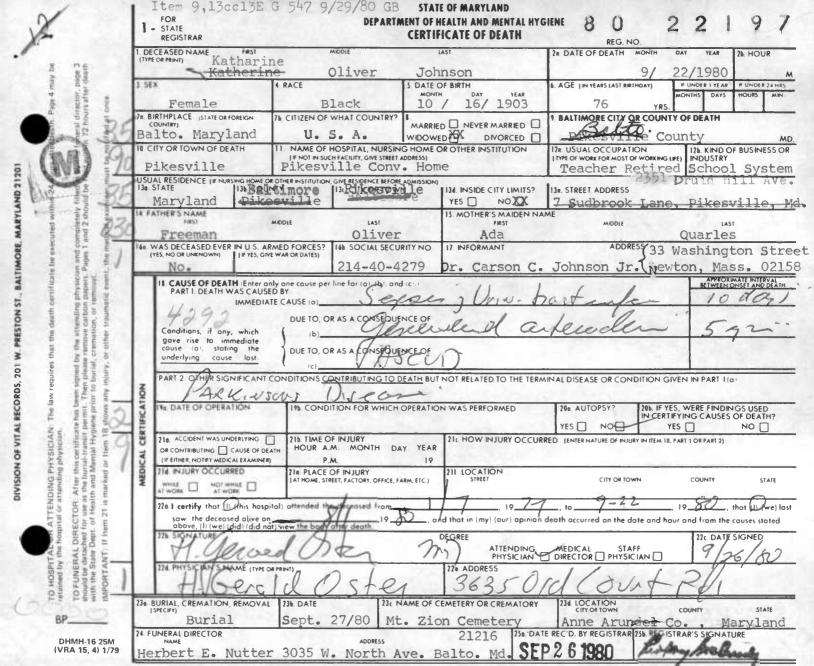
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law relaw respectively.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
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STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-1980 THEODORE HLBERT Date of Birth SEX 4 RACE AGE (IN YEARS IF UNDER 24 HRS. 2d. HOUR DATE Male PRONOUNCED Nerro 515 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Baltimore County Virginia WIDOWED [DIVORCED DELAY IS N TO THE FL N PAGE 5 BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
(IF NO 1652 FACILE SERVIOWN) Circle 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Essex 21221 IFE DOTOEYPIKING LIFE) Construction USUAL RESIDENCE (IF IN NURSING FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Penna. 13e. STEED 100 North 33rd Street 13d INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Robert OK WIT Johnson Jane Loving ADDRESS Essextown Circle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 172 20 6352 Margaret J. Simmons Baltimore, Md. 21221 DIVISK 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (o) stating the underlying cause last. E USED AS A BURIX OF HEALTH AND A IAL, CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE XERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [4] CERTIFICATION 19a, DAITE OF **OPERATION** CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES 210. EXTERNAL CAUSE WAS TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY OR 0 UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR, 21e. PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an and in my apinian EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND. death resulted fram Undetermined manner Natural causes Accident Suicide Hamicide LULE (SPECIF EXAMINER'S NAME 230. BURIAL CREMATION, REMOVAL 236. DATE 10/2/80 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Northwood Cemetery Phila., Pa. STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home PA 1407 Old Eastern Ave (VR A15 ME (5))

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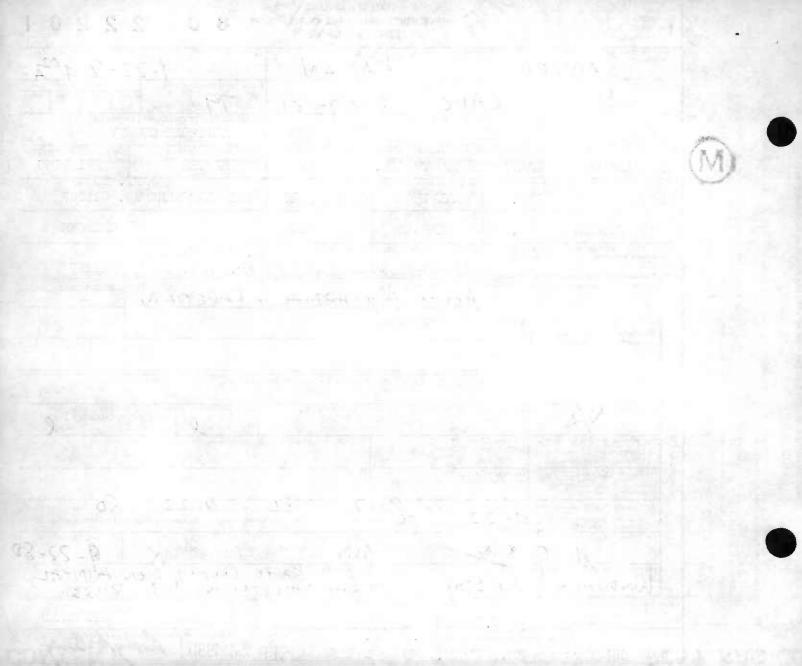
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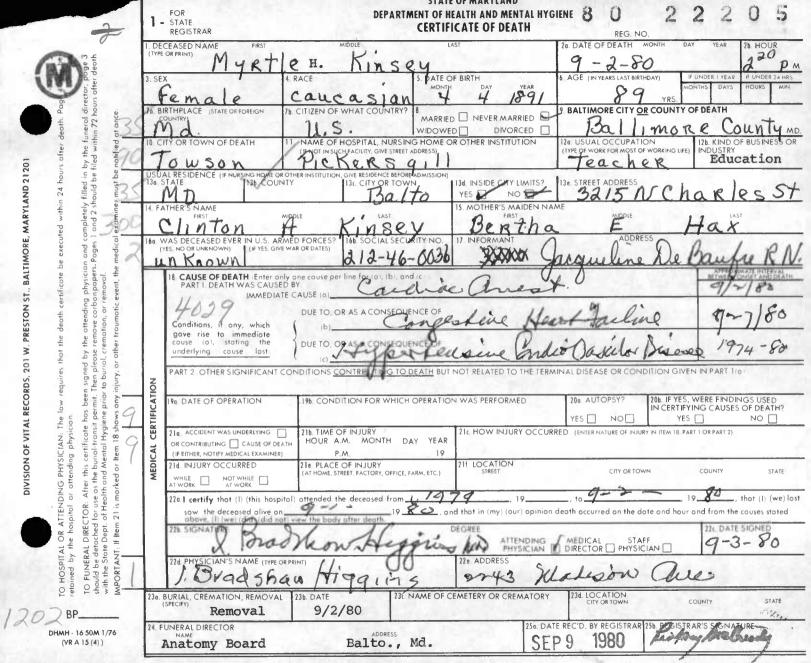
BALTIMORE COUNTY

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DAY

1980

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COUNTY

REGISTRAR'S SIGNATURE

22t. DATE SIGNED

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IF UNDER LYEAR

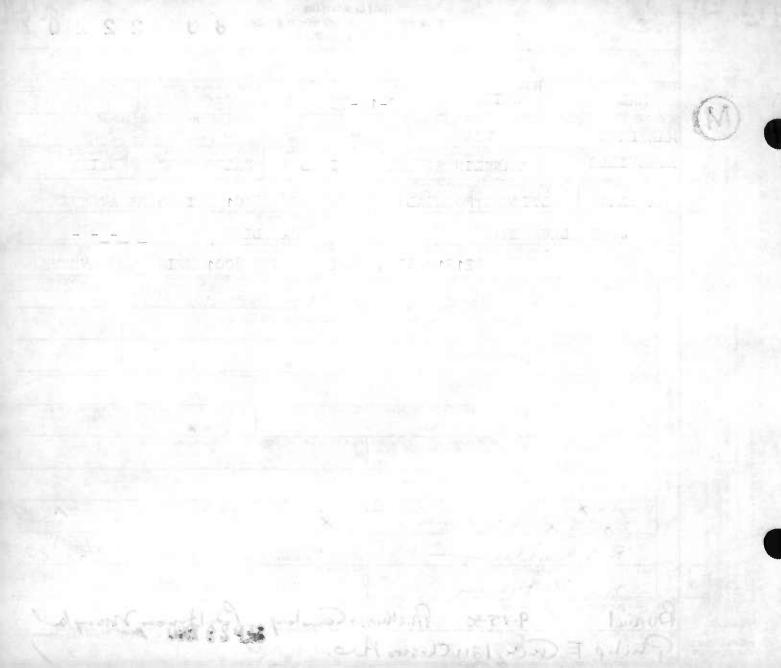
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SE ALTH	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). Diabelas Mellies - Chronic Bilulus Saphenon phlebiks
AL REPUID TO WEED WEED WEED OF HE / CRE. I., CRE.	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
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ISION ISION SHC TO SHC SPAR	MEDICAL	CONTRIBUTING CÂUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION
DIVIS R: THIS CER TE, WRITING RWARDED RWARDED STATE DEP 21201 PRIC	ME	WHILE NOT WAILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry . ond in my opinion
EXAMINE CERTIFICA JLD BE FO DIRECTOR WITH THE	3	death resulted from: Natural couses 2. Accident . Suicide . Homicide . Undetermined manner .
EXAA CERTI UILD B DIREC WITH		ACTUAL Orlan C. Hyle TITLE SEPECIFY DATE 9-4-80
CAL THE SHO RAL ATH,		SIGNATURE M.D. PP TY MEDICAL EXAMINER SIGNED 9-4-80
TO MEDICAL E EXECUTE THE C BAGGE 4 SHOU TO FURE SHOU AFTER DEATH, BALTIMORE, MA	2	EXAMINER'S NAME LOAN C. 14yle ADDRESS 7527 Balan Rd Ballizing Mul
EXE PAC PAC BAL	23a. B	PRIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE
BP		urial 9/8/80 Kensico Cemetery Valhalla N.Y.
DHMH - 17 (VR A15 ME (5))		JNERAL DIRECTOR ADDRESS ADDR
15M 7/77	La	ssahn Funeral Home 7401 Belair Rd. SEP 3 1980

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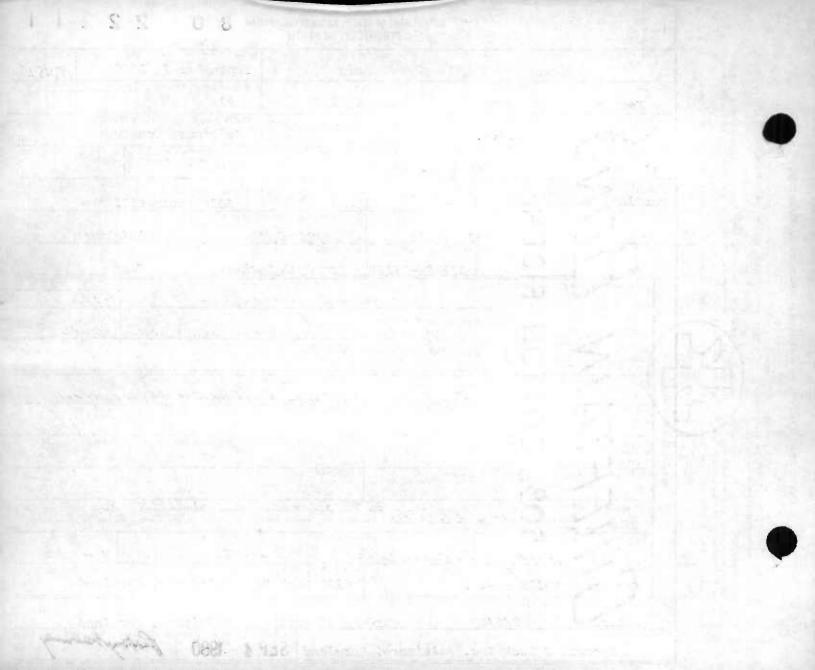
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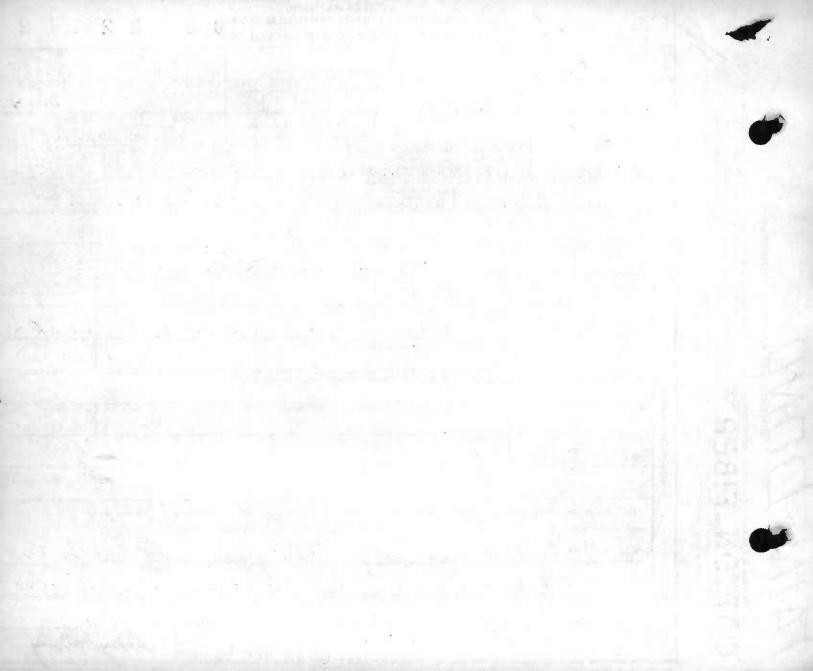
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Dr. Norman R. Freenan, M.D. 11 W. 19th St., Balto., Md.

Purist 8/1/80 Governs Presbyrerian Eatto... Henry W. Jensine & Sons Co. 4805 York, Roud Balto., Nd. 21212



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W. PRESTON ST., BALTIMORE, M. W. PRESTON ST., BALTIMORE, M. WITHIN 24 HOURS AFTER DEAT MINER ALONG WITH FORM PARANSIT PERMIT. PAGES 1 AND ITAL HYGIENE, DIVISION OF VIEMOVAL.		NO			216-07-8	581	6978	MARSUE	DR., APT.	1B	#212	15	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE LAST BIRTHDAY) DAY MAY 29, 1935 47 MALE WHITE 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR TA NEVER MARRIED FOREIGN COUNTRY) USA BALTIMORE COUNTY POLAND DIVORCED 10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OWNER SUPER MARKET 2723 WOODCOURT RD. BALTIMORE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 2723 WOODCOURT RD. #21209 MARYLAND BALTO. BALTIMORE NXXX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST KRELL **VURKOW** HARRY CHAVA 16b. SOCIAL SECURITY NO. 17. INFORMANT MRS. AVIVA KREEL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BALTO., MD 21209 2723 WOODCOURT RD. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) of BE WEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE NOT WHILE Inspection 22a. I certify that I took charge of the remains described above, held an and in my apinian death resulted from Notural couse Hamicide Undetermined monner EXAMINER'S NAME CHARLES O'DONNELL, ADDRES: TO AFT 230. BURIAL, CREMATION, REMOVAL I Jan. U.A.I. 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (SPECIFY) BURIAL MARYLAND BALTIMORE BP 25e. DATE REC'D. BY **DHMH - 17** SOL LEVINSON BROS., INC. VR A15 ME (5)) 21215 6010 REISTERSTOWN RD. BALTO, MD 15M 7/76

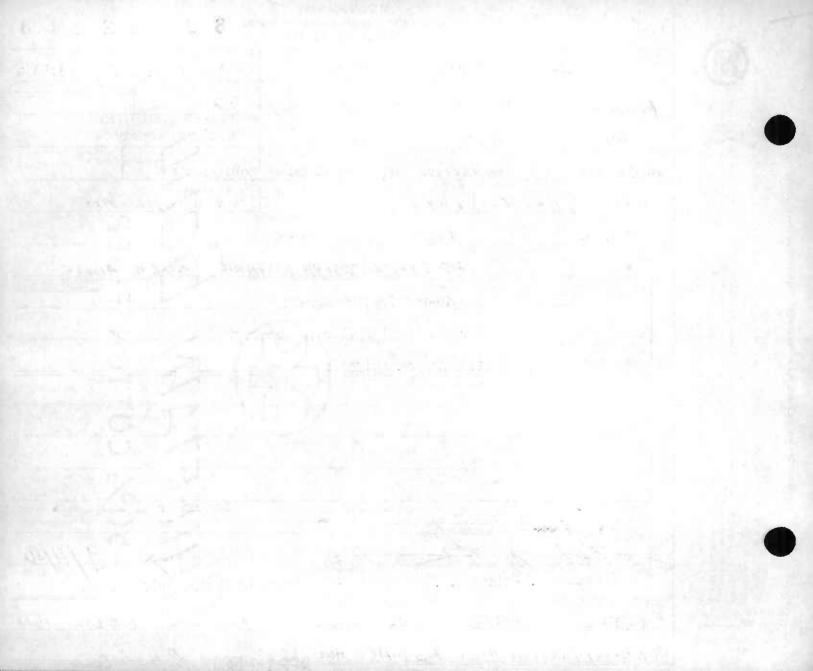
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			STATE OF MARYLAND	
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5 th	,,,,,	FRANK	J. KRUG	9-20-80 615 A
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sit permit. The lygiene prior the 18 shows any	CERTIFICATION	% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
		OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	LICHE AND MONTH DAW WEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
the burie h and Me narked o	¥	WHILE NOT WHILE AT WORK	218 PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 219 LOCATION STREET	CITY OR TOWN COUNTY STATE
1 is r		120 I certify that (I) (this haspit saw the deceased alive on above, (I) (we) (did) (did not	tal) attended the deceased from \$ 20 17, 19 80 Sept. 20 19 80, and that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
n 2	- 1		Thew the body offer debth.	226. DATE SIGNED
tached for u te Dept. of H T: If Item 2		176 SIGNATURE	DEGREE ATTENDING PHYSICIAN I	
detac tate NT:		1716 SIGNATURE	(PRINT) The ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 9-20-
hould be with the S		S Kosen	Sommatalled, - D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 9-20-



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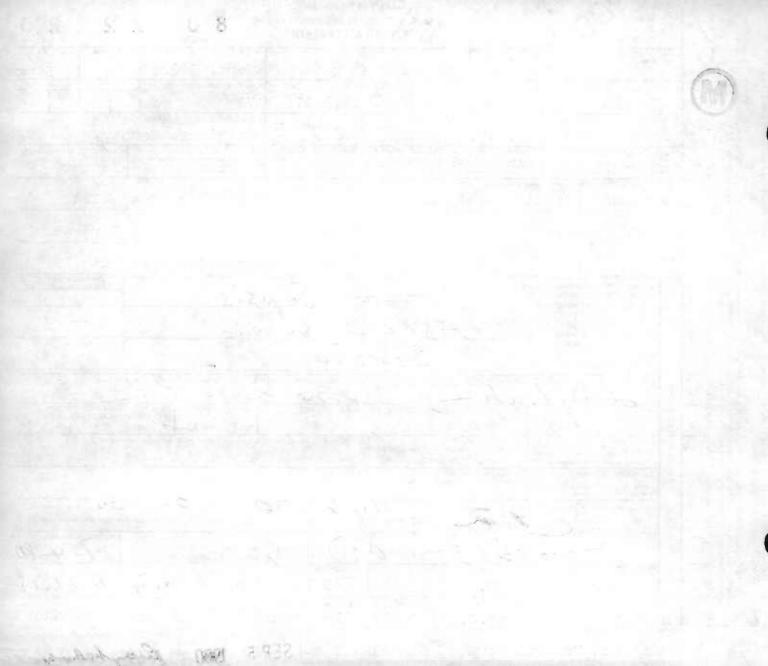
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AN: 7 an. cate h it per	00	Ē	71g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	ZIC HOW INJURY OCCUR	YES NO	YES OR PART 1 OR PART 21	NO 🗌
NG PHYSICIAN: The nding physician. Iter this certificate have burial-transit permand Mental Hygiene	marked or Item		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH DAY YE	AR			
PHY ng ph this o	TO DO	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TOW	n county	STATE
unG tendi After the b	narke	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	SIREET	- 12	A-2	STATE
EN FE	21 is n		220.1 certify that (1) (this has	pital) attended the deceased from	19 80	, to	19 40	, that (I (we) ast
ATTE pital o ECTO for us	em 2			not) view the Body after death		death occurred on the do		
	<u>+</u>		226 SIGNATURE	0 11	DEGREE ATTENDING	_ MEDICAL _ STAF	1	IE SIGNED
PITAL by the ERAL e detac State [LVA-		224 PHYSICIAN'S NAME VIVE	soff, mo	PHYSICIAN D	DIRECTOR PHYSIC	I UNA	CLIC
TO HOSPIT, retained by t TO FUNERA should be det	MPORTANT		Yorket	O or L	Ruls	a-mades	al 7700 4	ORK Rd
TO TO Shock with	₹	73a	BURIAL, CREMATION, REMOVA	AL 236 DATE 236 NAME C	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
10 SBP	_		BURIAL	SEPTEMBERIA ISO O	AK LAWN	BALTO	BALTO	MO
DHMH-16	25M	24 F	UNERAL DIRECTOR	ADDRESS	OFF	E REC'D. BY REGISTRAR	75b. REGISTRAR'S SIGNA	ATURE
(VRA 15, 4)		C	ONNELLY FUI	VERAL HOME 300M	PACE AVE SE	1 5 1980	Texton Beal	2

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6		FOR STATE REGISTRAR			CERTII	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		2 2	2
1 0		CEASED NAME FIRST	Harry	Thomas L	ECOM	PTE	September			5:20
M	3. SE	x male	4. RACE	te		y 1, 1908 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24
336	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OI	F WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore city o			
per 7	10 C	SSVILLE 21237	11. NAME OF FRANKI	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET IN Square	ADDRESS) Hosp	or other institution	12a USUAL OCCUPATION OF STATE OF WORK FOR MOST OF Setter	F WORKING LIFE)	12b. KIND OF INDUSTRY Americ	
must be	13a Ma		or other institution DUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 61 Stemmer	s Run	Road 2	1221
examine		ATHER'S NAME FIRST George	WIDDIE	LeComp		15. MOTHER'S MAIDEN NA	MIDDLE -		?	
Poges		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	216 03		Marie LeCom	ADDRE	Same		1.7
permit. Then please in the prior to burial, are ws any injury, or other	CERTIFICATION	cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN. 19a DATE OF OPERATION.	(c)(c)	OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT N IDITION FOR WHICH OPERATION			. IN CERTIFYIN		WERE FINDINGS USEI NG CAUSES OF DEAT	
buriol-tronsit p Mental Hygier or Item 18 shov	MEDICAL CERTI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO THE NATURE OF INJUI	YES		ио [
rked or I		21d INJURY OCCURRED WHILE NOT WHILE D AT WORK		E OF INJURY TREET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	ST
efoched for use of Dept. of Healt		22a.1 certify that (*) (this has sow the deceased alive			80	nd that in (m¾) (aur) apinion DEGREE ATTENDING PHYSICIAN		ate and hour a		
with the Stote IMPORTANT: If		Hattie N	1. Faison	MD		9000 Frank	lin Square	Dr., 2	1237	1
M M	23a.	BURIAL, CREMATION, REMOV	9-27-			emetery or crematory of Faith Cem	23d. LOCATION CITY OF TOWN Baltimore	Count	y, Mar	ylan
OM 2/80	24 F	uner pirector	eral How	19 PA 49417	014		E REC'D. BY REGISTRAR			read

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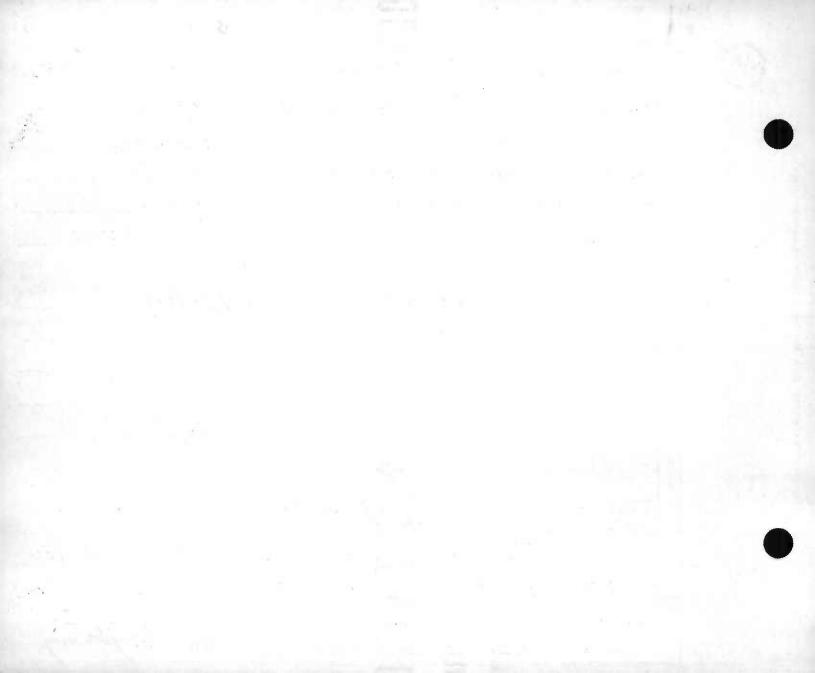
DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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دس	10	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	22227
	W		CEASED NAME FIRST E LE AN	OR V.	LIDDELL	2e DATE OF DEATH MONTH 9	19 80 12:45A
	ge 4 maj ctor, pa after d ice.	3. SE	× EMALS	WHITE	S DATE OF BIRTH MONTH DAY YEAR 12 1921	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 24 HRS
	eral direct 72 hours fied at or	7a. B	IRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		BALT IMORE COUNT	
	by the fur led within led within		OWS ON		RSING HOME OR OTHER INSTITUTION THEET ADDRESS ST.G.B.M.C.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
	in 24 hc		AL RESIDENCE (IF NURSING HOME OF			130. STREET ADDRESS	DRIVS
	xecuted with d completely if and 2 shou medical exam	R	ATHER'S NAME FIRST A 4 1 2 0 0 E	MIDDLE SHRIVE	15. MOTHER'S MAIDEN N	AME MIDDLE	Coulson
	n and	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	MED FORCES? 166 SOCIAL SEWAR OR DATES)	SECURITY NO. 17 INFORMANT RHHH FAMIL	M RECORDS	
I., BALIMORE,	ificat ysicia pers. loval. even		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b D BY. C ARD I F TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ration of	t the death cert he attending ph move carbon pa emation, or rem other traumatic		2028 Conditions, if any, which		ALLIZED LYMPHOMA		
	tha or		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF		
MINISTER OF WITH AS ACCORDS, AND THE	on signed by hen please to burial, ony injury, o	NO	PART 2 OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
	te has been permit. The lene prior the shows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
;	ENDING PHYSICIAN: The rattending physician. DR: After this certificate has easthe burial-transit perm eath and Mental Hygiene is marked or Item 18 show is marked or Item 18 show.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	NDING PHYSICI, attending physici :: After this certifi ss the burial-trans the and Mental H in marked or Item	MEDICAL	216, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OF TOWN	COUNTY STATE
I or all	For Day 12		220.1 certify that (I) (this haspi		9-15 19 80 19 80 , and that in (my) (aur) opinia	, ta 9-19- n death occurred an the date and he	19_80, that (I) (we) last aur and fram the causes stated
•	SpITAL SH AT d by the hospital d by the hospital NERAL DIRECT be detached for all State Dept. of ITANT: If Item 2	N	226. SIGNATURE	1 2 (A) (V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9-19-80
	to HOSPITAL ert Allesined by the hospital of EUNERAL DIRECTIONAL BESTANDING With the State Dept. of MithORTANT: If Item		T. WANG, M		22e ADDRESS	HARLES ST.	
0 6	BP	23a	BURIAL, CREMATION, REMOVAL SPECIFY	236. DATE	134 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	DHMH-16 25M (VRA 15, 4) 1/79	24. F	UNERAL DIRECTOR NAME PANS FUNS RA	ADDRES	SOUTH ARFORD RD S	ATE REC'D. BY REGISTRAR 255. REEP 2 9 1980	STPAR'S SIDNATE
		5	HID I VIIZKA	P CHLILST US	DOMINION KUI		1 1

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 1895 White 18 DEAD Male 84 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Baltimore County 18. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Dundalk Plumber USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk Bayside Drive NO 3 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST George Ella Young 17. INFORMAN Mildred 169. WAS DECEASED EVER IN U.S. ARMED FORCES? Potheringham 166 SOCIAL SECURITY NO (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Seaside Dr. Ormond Beach. Yes 216-09-4534 CAUSE OF DEATH (Enter only one cause per life for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ATION O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? OF BURIAL E DEPARTMENT OF PRIOR TO BURIAL YES [] NO | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I taak charge of the remains described obove, held an Autapsy 9 and in my opinian death resulted fram: Natural causes / Hamicide Undetermined manner Accident TITLE (SPECIFY) TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOUI
TO FUNERAL D
AFTER DEATH, N
BALTIMORE, MA MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY 24/1980 Greenmount Baltimore Md. Cremation 25a. DATE REC'D. BY REGISTRAR 256, REGISTS AR'S SIGNATURE Inc .DORESS **DHMH - 17** (VR A15 ME (5)) 7922 Wise Ave. Dundalk. Md. 21222 15M 7/77

Duration of Payer du Drive Committee vicil. Comment ton 9/24/1980 (Freenmount) 1027 william end Dena-Ruck Inc. Denotely, 36. 21222

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

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DHMH-16 25M

(VRA 15, 4) 1/79

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STATE OF MARYLAND

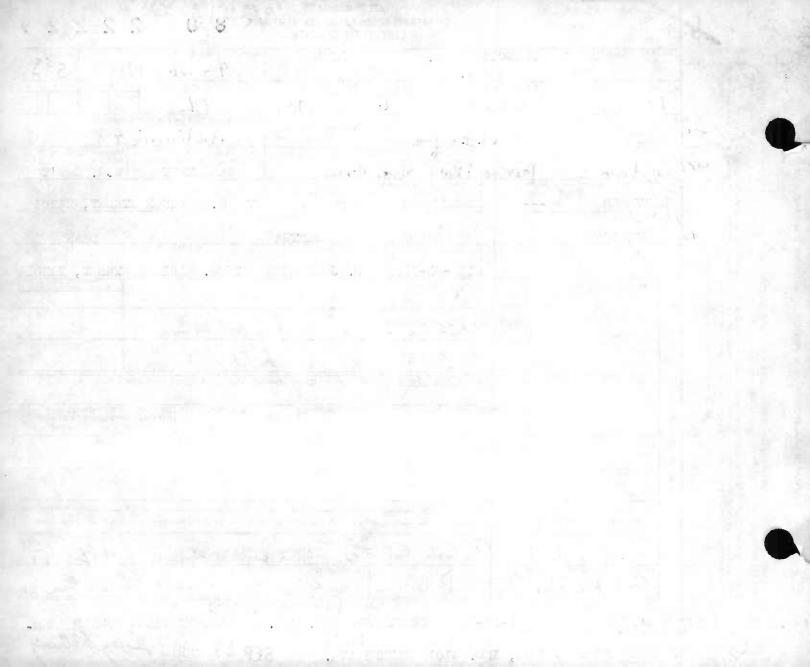
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

DAY



owell Lemmon 10 W. Padonia Rd

CERTIFICATE OF DEATH REG. NO. 2a DATE OF DEATH MONTH

25 HOUR 180 IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY 12b. KIND OF BUSINESS OR

Balto. Co.

213 Wilden Drive #21204

Elizabeth Welsh

213 Wilden Drive Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

22c. DATE SIGNED 9/23/80 PHYSICIAN DIRECTOR PHYSICIAN X

21204

9/26/80 Grace Methodist Cem. Reisterstown Balto, Md. 250 DATE REC'D. BY REGISTRAR 251

DHMH- 16 30M 2/80 (VRA 15, 4)

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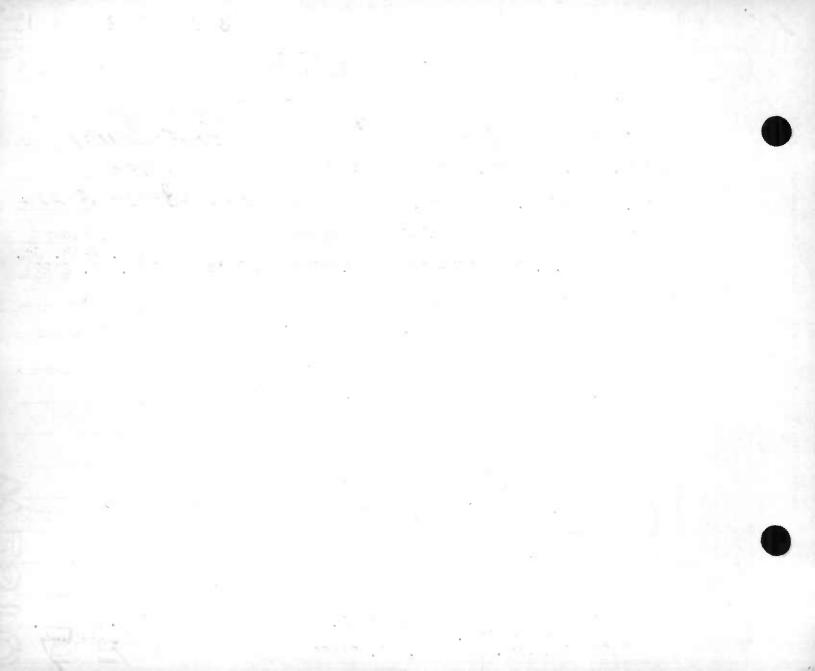
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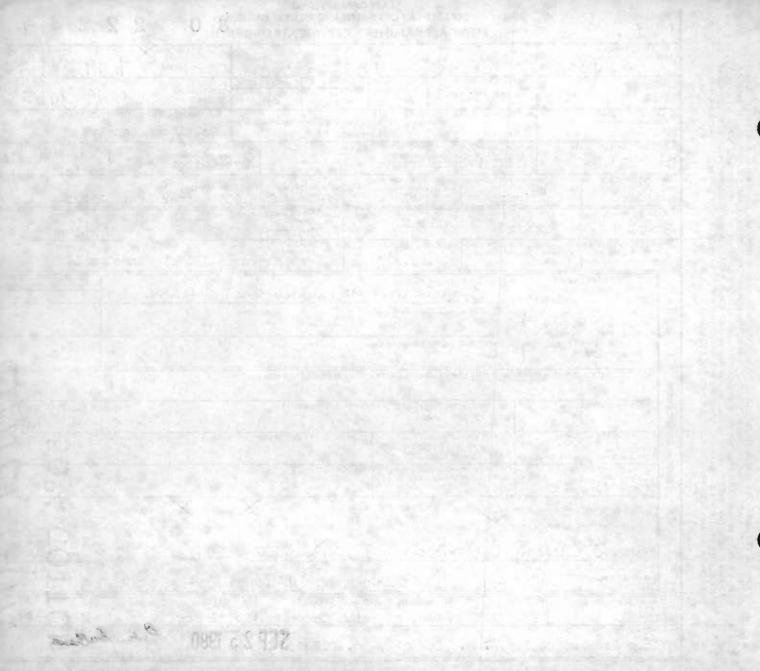
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINTE DONALD VERNON LONDON, September 1,1980 3:00 Am 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR Male White 15 1925 Dec. 54 XXX TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED WIDOWED Baltimore County ID CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Greater Baltimore Medical Center Vice-President Balto.Chai: BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 804 Elderbank Ct. 21204 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore Towson YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Vernon W. London Eulah Price 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I HEYES, GIVE WAR OR DATES! 217-20-5999 Margaret R. London, 804 Elderbank Ct Yes WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Acute Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Arteriosclerosis Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Arteriosclerotic Cardiovascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 2 Cirrhosis of liver with hepatic failure
OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygie sha 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL tea (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from August 15 , 19 80 , to September 1, 19 80 , that (1) (we) last sow the deceased alive on September 1 above, (#(we) (did) (did not) view the body after death 19 80 , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL should be deta MPORTANT PHYSICIAN DIRECTOR PHYSICIAN X Sept.1.1980 22d. PHYSICIAN'S NAME (TYPE OF PRINT 27e. ADDRESS John E. Adams, M.D. 6701 N. Charles Street, Towson, Md. 21204 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Sept.4,1980 Loudon Park Burial Baltimore Md. 250. DATE REC'D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE ROBERTECE. ALTENBURG FUNERAL HOME, INC. DHMH - 16 50M 1/76 SEP (VR A 15 (4)) 6009 Harford Rd., Balto., Md. 21214

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO FIRST I. DECEASED NAME KNOWN ' 2b. HOUR (TYPE OR PRINT) OF ESTI-1080 OSEPH DEATH MATED DINMRI GROE SEX. 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR 24 HOUR IF UNDER 24 HRS DATE 2/20/1906 FUNERAL DIRECT S FOR YOUR 74 VDC PRONOUNCED 1980 Male White DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Tele CHEACHITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Dundalk Vesper Avenue Dye Cutter 3. RETAIN PASHOULD BE F Equip Mfar. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Dundalk 1417 Vesper Ave. NO X 21222 OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Joseph Edward Magrogan Theresa Unknown FORM 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** DIVISION (YES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 217.01.2274 Edna Magrogan (Wife) Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY HYGIENE, uc inchemic MASSASO muscaraia IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which SED AS A BURIAL-TRAN HEALTH AND MENTAL CREMATION, OR REMOV gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | a CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT O 9, 21201 PRIOR TO BURIAL YES [TO BURIAL 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Notural couses, Accident Hamicide Undetermined manner SLE (SPECIFY EXECUTE THE CIPAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 9/22/1980 Gds. of Faith Cemetery Baltimore Maryland 24. FUNERAL DIRECTOR 25b. RESISTRAR'S SIGNATURE **DHMH** - 17 Walter Brooks Bradley, Inc., Dundalk, Md. 21222 (VR A15 ME (5)) 15M 7/77



FOR

REGISTRAR

- STATE

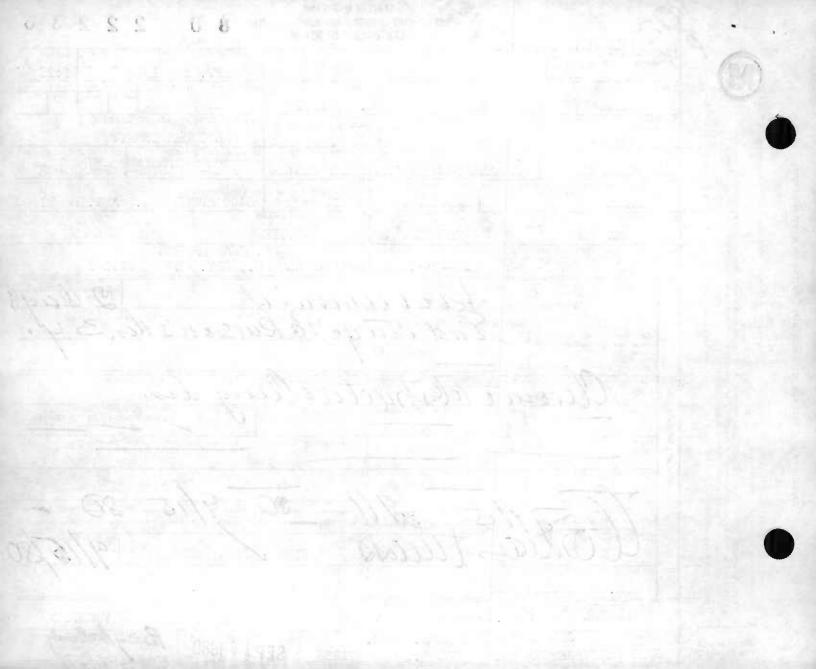
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱

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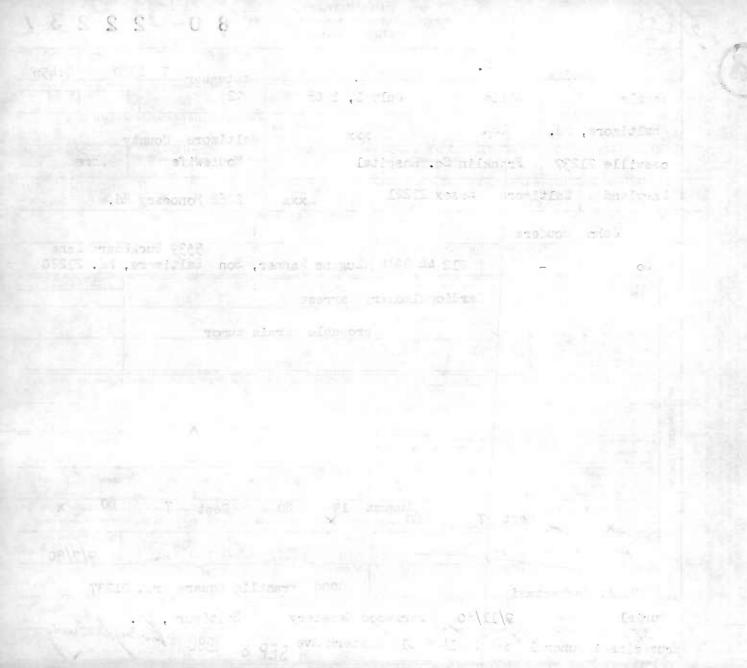


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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attending physician and complet we carbon papers. Pages 1 and 2.

	FOR STATE
	REGISTRAR
-	1 DECEASED NAM

STATE OF MARYLAND

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	o .		
			FMS1		MIDDLE	į.	AST	20 DATE OF DEATH		AY YEAR	26. HOUR
	{TYPE	Male SIRTHPLACE (STATE OR FOREIGN COUNTRY) Iaryland ITY OR TOWN OF DEATH TOWSON JAL RESIDENCE (IF NURSING HOM STATE JIB CC Maryland ATHER'S NAME FIRST	VINC	ENT m I	Robert	MA	ARANTO	Septemb	er 19,	1980	12 PM
	3 SEX	(4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRT		FUNDER I YEAR	
		Male Male White Whit			te	2 -	9 - 19 20 YEAR	60	YRS.	ONTHS DAYS	HOURS MIN
1			REIGN	Th CITIZEN OF	WHAT COUNTRY?	MARRIE	D OF NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	OF DEATH	
9						WIDOWE	D DIVORCED	Baltimor	e Coun	ity	MD.
0	10. CI		TH	11. NAME OF 1	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	G HOME (Road	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Salesman -	F WORKING LIFE)	INDUSTRY	nds
1	USUA 13e S				GIVE RESIDENCE BEFORE		A 124 INICIDE CITY I MAITE?	13. STREET ADDRESS			17/25/5111
5			-		Towso		134 INSIDE CITY LIMITS?	1500 Du	laney	Valley	Road
5	14. FA	THER'S NAME		AIDDLE	LAST	1	15. MOTHER'S MAIDEN NAM	WE	DiFat	t o (A)	ST
X			ALLE AD.		IM SOCIAL SECUI	DITY NO	Jenny	ADDRE		La	
1	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-01-03	-	Mrs. Louise			# 13	
	CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the last	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	206. IF YES,		NGS USED
4	1			45.50				YES NO	YES		NO [
1	MEDICAL CER	218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 214. INJURY OCCURRE	AUSE OF DEAT LEXAMINER)	P.	M. MONTH DA M.	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		RT I OR PART 2}	STATE
	Σ	WHILE NOT WHI	ILE .	(AT FOME, STA	EET, FACTORY, OFFICE, FA	ARM, ETC.)					31815
		220.1 certify that (I) (saw the decease obave, (I) (ye) (df 226.5IGNATURE	Dalive on_		1 19/		DEGREE ATTENDING PHYSICIAN	death occurred on the do	ate and haur	and from the	that (I) (we) last e causes stated E SIGNED 9/19/80
		224 PHYSICIAN'S NA			1, Jr. M.	.D.	ne ADDRESS 1502 Dula	aney Valley	Road		
	(5	BURIAL, CREMATION, R SPECIFY) Entombment UNERAL DIRECTOR	REMOVAL	Sept.	22,1980 _{Du}	laney	WALLEY MAUSO	23d LOCATION CITY OR TOWN COCKEYSV	ille	Balto.	STATE Md.
	Bea LC	MILIANE DIRECTOR			1/16	11 7702	1- DAGA (238. DAII	L ALL D. DI REGISTRAR	E JU. BLEVILLER.	nn o	MINITE IN

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

ADDRES 1050 York Road NAME Towson Funeral Home, Inc. Towson, Md. 21204

SEP 2 2 1980

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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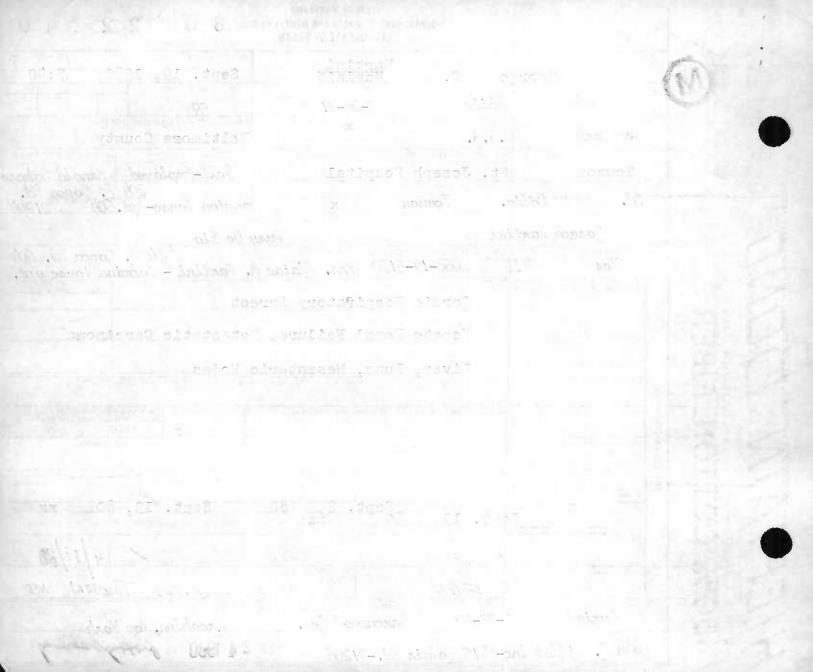
injury, or other troumatic event, the medicol-exam

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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1.	FOR STATE			DEPARTM		EALTH AND MENT		IENE 8 0	2 2	2	4 0
	REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. NO	D.		, -
	CEASED NAME	FIRST		AIDDLE		LAST		20. DATE OF DEATH		YEAR	26 HOUR D
TYPI	OR PRINT)	Coor	200	0	Mart			Sept. 19	1980		7:40 4
SE.	Y	Geor	L RACE	· .	5. DATE C	DE RIPTH		6 AGE (IN YEARS LAST BIRTI			IF UNDER 24 HRS
. JL	Male		White	2			AR	59	YRS MONTHS		HOURS MIN.
	IRTHPLACE (STATE OR FO	DREIGN	b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRI	гь П	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
	New York		U.S.A.		WIDOWE	DIVORCE	ED 🗌	Baltimore			MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	NC	12a USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	ON 12b. F WORKING LIFET IND	KIND OF USTRY	BUSINESS OR
	Towson		St.	Joseph F	losp:	ital		Self-Emp			d Bakers
130.		13b COUN	TO.	PARTY OR TOWN		136 INSIDECITY LIA		13e STREET ADDRESS ampton House	204 8.		pa Rd. 21204
14. F)	ATHER'S NAME FIRST JOSE!	of Ma	IDDLE .	LAST		15 MOTHER'S MAIL FIRST		_ MIDDLE		LAST	
				100			Pary	De Sio			
160 (WAS DECEASED EVER	(IF YES, ONE)	AED FORCES?	068-14-5	770	Mrs. Elai	ne A	· Martini =	194 E. Jo	ppa !	Rd. 604
	18 CAUSE OF DEAT	H /Enter only	1000 00000 000	line for (o) (b) and	1/01/1			· raccore		APPROXIM	NATE INTERVAL
	PART 1. DEATH W	AS CAUSED	DV			fatory I	Arre	st	_	ETWEEN OR	NSET AND DEATH
	1991			R AS A CONSEQUE	NCF OF			NAME OF STREET			
	Conditions, if ony,	which				l Failure	e. M	letastatic	Carcin	oma	
	gove rise to imn	nediate	ediate								
	underlying couse		1		ung.	Magazha		Modes			
	DART 3 OTHER SICA	HEIC ANIT C				Mesente		NOCES NAL DISEASE OR CONI	NITION CINENAL STA	DART I	
Z	PART 2. OTHER SIGI	AILIC WIALL C	DINDITIONS CC	DIVINIBULING TO D	ZEMIH BUI	NOT KELATED TO TH	TE LEKWI	NAL DISEASE OR CONT	DITION GIVEN IN	'AKI ((6)	
MEDICAL CERTIFICATION	19a. DATE OF OPERAT	ION	10h CONDI	TION FOR WHICH	ODERATIO	N WAS PERFORMED		20o. AUTOPSY?	20b. IF YES, WERE	EINIDINU	CE LISED
5	196. DATE OF OPERA	ION	178. CONDI	HOIN FOR WHICH	OPERATIO	IN WAS PERFORMED		200. AUTOFST:	IN CERTIFYING	AUSES	OF DEATH?
RTI								YES NO X	YES [NO 🗌
S	210. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	V YFAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR	PART 2)	
N.	OR CONTRIBUTING C		P./		19						
ğ	21d INJURY OCCURR	RED	21e PLACE	OF INJURY		21f. LOCATION					
₹	WHILE NOT WE AT WO	RK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOW	/N COU	NTY	STATE
	220.1 certify that X	(this hospite	ol) ottended the	deceased from	Sept		30.	, to Sept.	19_1980	, 11	hotXiXwe) last
	saw the decease oboveXIX.we) (c	d olive on	Sept.	19 19 E	3Q, or	nd that in Xn (bur)	opinion d	leath occurred on the do	ste and hour and fi	om the co	ouses stated
	226. SIGNATURE	0	1	0		DEGREE			22	c. DATES	IGNED
	Imse	ø.	de,	lein		ATTENI		MEDICAL STAF		7/19	180
	220 PHYSICIAN'S NA	AME (TYPE OR	PRINT			22e ADDRESS				1	
	Jose	ES.	D8 4	FON		8T. Jo.	SEPH	HOSPITA	14. TOW.	SON	MP.
230.	BURIAL, CREMATION,	REMOVAL	23b DATE	00		EMETERY OR CREMA	TORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
	SPECIFY Burial		4-23-0	50 9.	reenu	vod (em.		Brookly		h	
24 F	UNERAL DIRECTOR	11.	7 /1.	ADDRESS	0.1		CFD	REC'D. BY REGISTRAR	256. REGISTRAR'S S	GNATU	RE
	Join C. IK	uer.	inc-64/	Belair.	Rd2	21206	ULI	~ 4 1300	200		

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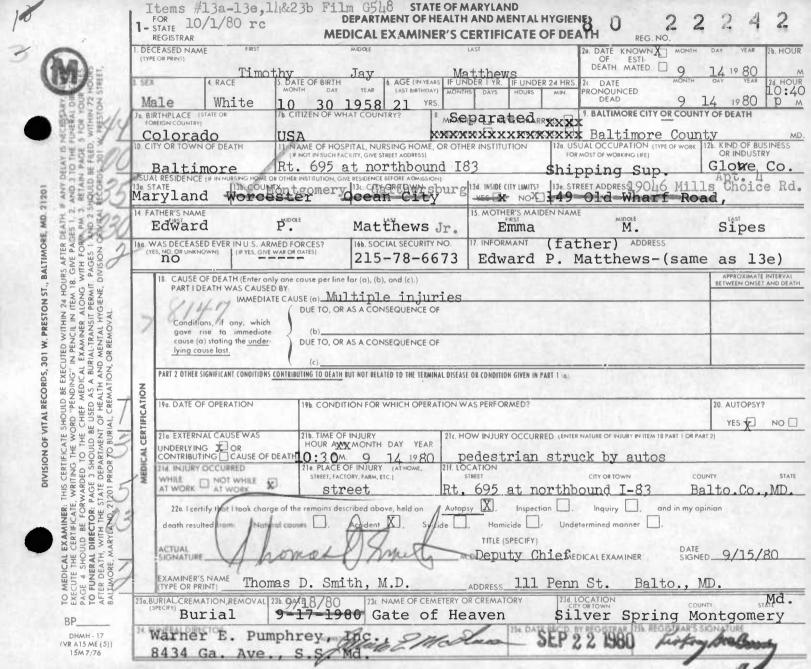
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

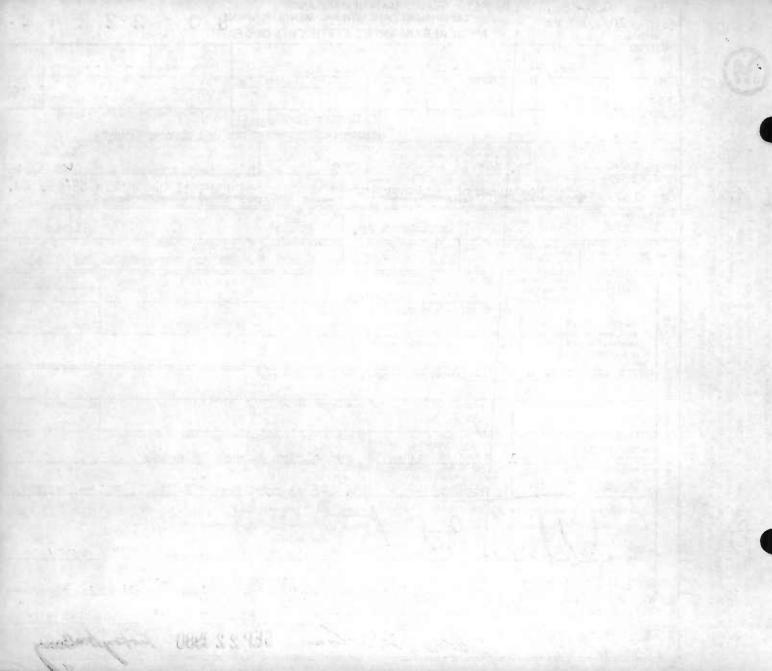
FOR

- STATE

(VRA 15, 4) 1/79

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HQU TYPE OR PRINT Donothy I. McAloon 3. SEX 4 RACE AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYFAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR OAY5 IN BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) H. NEVER MARRIED WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFET GAVE AFREET ADDRESS) INDUSTRY Towson / imonium Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130 STATE Woon Md. Balto. 13c-EITY OR TOWN 134 INSIDE CITY LIMITS2 lowson 1 imonium. Nd. -21093 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Arthur R. Davis LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT 21206 TYES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) . Holland - 4606 Bayonne Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line tor Ab), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSY7 78s. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO FT 00 716 TIME OF INJURY ZIR ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED. LEWISE WATURE OF HAURY PLITERS IS PART I OR PART 21. HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF BEATH MEDICAL OF EITHER, NOTIFY MEDICAL EXAMINERS P.M THE INJURY OCCURRED 21s PLACE OF INJURY TH LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, BTOT NOT WHILE AT WORK AT WICHE 27s.1 certify that (I) (this berpital) attended the deceased from and that in (my) (puri-opinion death occurred on the date and hour and from the causes stated above (If |www | | did | (did not) view the body after death 77h SIGNATURE DEGREE TIL DATE SIGNED TO FUNERAL should be detac with the State [PHYSICIAN DEDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRES 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) CITY OR TOWN Burial Memorial Gardens 24 FUNERAL DIRECTOR DHMH-16 25M "John (. Miller Inc-6415 Belair Rd.-21206 (VRA 15, 4) 1/79

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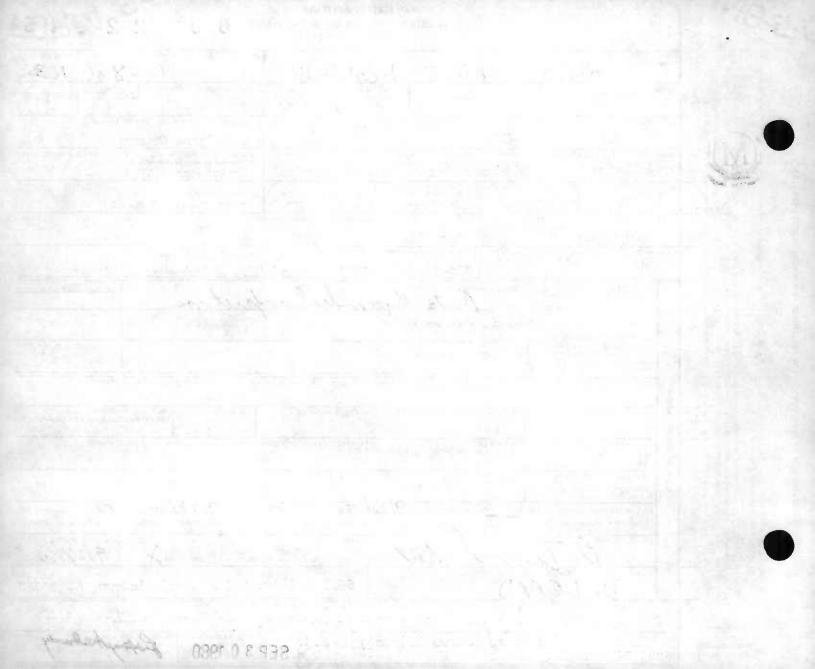
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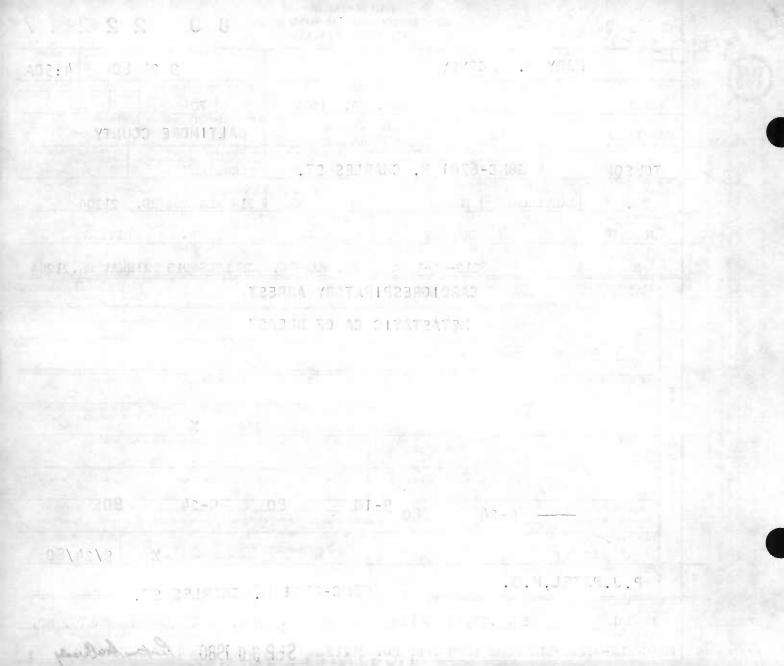
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2/			FOR			OF MARYLAND		
3	5	7.	STATE REGISTRAR	DEPARTA		CATE OF DEATH	GIENE 8 U	22245
	//		CEASED NAME FIRST	MIDDLE	LA	S1	20 DATE OF DEATH	
may be page 3		I I I I	RUTH	AGNES	Mc	ARTHUR	, -	9 28 80 1035 4
r, pager, pager,		3 SE	x Female	4 RACE	5 DATE O	F BIRTH YEAR	& AGE IN YEARS LAST BIRT	HDAY F UNDER I YEAR F UNDER 24 HRS
age 4	Ouce			White	4	8 1924	56	YRS.
hou hou	1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED		R COUNTY OF DEATH
NA	21	10.6	MA ITY OR TOWN OF DEATH	USA	WIDOWE		Baltimore	ON 120 KIND OF BUSINESS OR
LIVI	53	Rar	dallstown	Baltimore County	ADDRESSI I Gene		Homemaker	F WORKING LIFE! INDUSTRY
2 23	51	USU 13a	STATE 136 COUN		N I	134 INSIDE CITY LIMITS?	13R. STREET ADDRESS	
thin out		14.5	MD Balti	more Woodlan	m	YES NOXX	7017 Dogu	ood Road
ed wi	× 2	14.17		MIDDLE LAST		IS. MOTHER'S MAIDEN N.	MIDDLE	LAST
comp	842	140.3	Augus tus vas deceased ever in u.s. ar	Avenell MED FORCES? 186 SOCIAL SECU	$\overline{}$	Ruth 17 INFORMANT Mm		Keenan
and company	9 1			WAR OR DATES			Ross McArth	
cian cian rs. Pa				022-12-8 Ily ane cause per line for (a), (b), and		7017 Dogwood	Rd., Baltım	approximate interval Between onset and death
aw requires that the death ce een signed by the attending I Then please remove carbon or to burial, cremation, or re	in tijury, or other tradinat	NO	Conditions, if any, which gave rise to immediate cause to!, stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
s b		CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	I WAS PERFORMED	20¢ AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: Th physician. iss certificate ha: int-transit perm int-transit perm	9	-	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR	21c HOW INJURY OCCU		
DING PHY tending p After this the burial	Day Je	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
ATTENII ital or at ECTOR: or use as of Healt			220.1 certify that (I) (this haspi saw the deceased alive an	tal) attended the deceased fram	9/28	d that in (my) (aur) apiniar	death accurred on the de	19_80_, that (I) (we) last and hour and from the causes stated
ITAL OR y the hosp RAL DIRE detached f tate Dept.			22b. SIGNATURE	ead in		ATTENDING PHYSICIAN	MEDICAL STA	
TO HOSPITAL retained by the TO FUNERAL should be detact when the State MAD BY ANT	- I		D. BEI	ARD				ndallstown, MD 21133
$I \wedge I \perp$		23a	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
-BP	-	24.5	Burial	10/2/80 Lat	ke Vie	w Memorial P	K. Sykesvil	le Carroll MD
DHMH-16 25 (VRA 15, 4) 1		87	uneral director Loring 228 Liberty Rd.	g Byers Funeral I Randallstown, M	Direct	ors, P.A. SE	P 3 0 1980	fretzy to bring



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	1.	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	2	2 2	4 7
(A)		CEASED NAME	MARY		CE VOY		AST	REG. N	MONTH DA	YEAR	26. HOUR 4:30
AAA.	3 SE	x FEMALE		4 RACE WHI'	ΓE	5. DATE O		6. AGE IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 H
35 men 35		RTHPLACE (STATE OR I OUNTRY) ARYLAND	FOREIGN	TE CITIZEN OF USA	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MARRIED	BALTIMORE CITY O			
of market		TOWS ON		GBMC	-6701 N	· CHA	RLES ST.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) SECRETARY	OF WORKING LIFE)		F BUSINESS
out the sale	USU 13a	AL RESIDENCE IN NUR STATE MD.	BALT	ΙΤΥ	GIVE RESIDENCE BEFO 136 CITY OR TO TOWSON	ORE ADMISSION) WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 31.8 ALABA	MA RD.	21204	ŧ
and 2 shows and 2 shows and 2 shows and 3 shows a shows and 3 shows a	14. FA	JOSEPH	^	AIDDLE	GREGORY		15 MOTHER'S MAIDEN N FIRST ANNA	MIDDLE M.		RITTER	1
certificate g physician and ter n papers. P removal. atic event, the m		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARA	WED FORCES? WAR OR DATES)	212-03-		MRS. MARY E.	SCHOLTES 9			R. 21 204
e law requires that the been signed by the att. It. Then please remove prior to burial, cremative any injury, or other	ATION	PART 2 OTHER SIG	e lost.	ONDITIONS C		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON		N IN PART 10	
ificate has nsit permit hygiene pun 18 show	CERTIFICATION	21e. ACCIDENT WAS UN		216. TIME C		- CIERATIO	21c HOW INJURY OCCU	YES NO	IN CERTIFY YES	ING CAUSES	
HYSIC physic is cert rial-tra flental or Iter	MEDICAL C	OR CONTRIBUTING []	CAUSE OF DEA	TH HOUR A	M. MONTH	DAY YEAR		KKED JENIER NATURE OF INJU	JRT IN HEM 16, PAR	III ORPARI 2)	
DING attendir After as the b Ith and marke	MED		ORK	JAT HOME, ST	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
hospital or a DIRECTOR hed for use a Dept. of Hea If Item 21 is		220.1 certify that (1 sow the decease above, (1) (we) () (this hospit sed olive on did) (did not	ol) oftended to	deceased from 19 rafter death.		nd that in (my) (our) opinion			and from the	
		226. SIGNATURE	lee			331		MEDICAL STA	AFF ICIAN 🗴	9/2	4/80
TO HOSPITAL retained by the TO FUNERAL should be detacted with the State [IMPORTANT:		P. J. PA	TEL,	M.D.			22. ADDRESS GBMC-6701	N. CHARLE	S ST		
BP		BURIAL, CREMATION SPECIFY) BURIAL	, REMOVAL	SEPT.			VALLEY MEM.	GDNS. COCK	EYSVILI		
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR TCHELL-WI	EDEFEI	LD HOME	6500 YO	RK RD.		P 3 0 1980	Pirke	y Arely	URE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S - STATE REGISTRAR DECEASED NAME DATE KNOWN X (TYPE OR PRINT) OF ESTI-Donna Lee McManus 9 DEATH MATED 1310 80 4 RACE AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE 3 HSU LAST BIRTHDAY PRONOUNCED 13 19 80 DEAD Female White 25 1946 33 IN BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland Baltimore County. U.S.A. DIVORCED O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK Cdrotherng 7831 St. Boniface Lane Dundalk Fashion Bug Asst. Manager ISUAL RESIDENCE OF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Dundalk 7831 St. Boniface Lane YES [NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME DIVISION OF WIL Middleditch E. Donald Eberhardt, Sr. Dorothy 17. INFORMANT Rt. 1, Box APPOS 13 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) 218-42-4889 Ronald J.McManus-Bridgeport W.VA No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES K NO [3 SHOULD BE DEPARTMENT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 4:50xx 13 19 80 Subject caught in house fire 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 7831 St. Boniface Ln., Dundalk, home Baltimore. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident X Undetermined monner TITLE (SPECIFY) 9/13/80 Assistant EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA 111 Penn Street Virginia L. Dolan, M.D. 230 BURIAL CREMATION REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 9/16/80 Gardens of Faith Baltimore Maryland 24. FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 255 GISTRAR'S SIGNATURE **DHMH-17** 7922 Wise Avenue, Dundalk, MD (VR A15 ME (5)) 21222 15M 7/76

STATE OF MARYLAND

SEP 18 100 P. A. P. S. S.

FOR STATE REGISTRAR

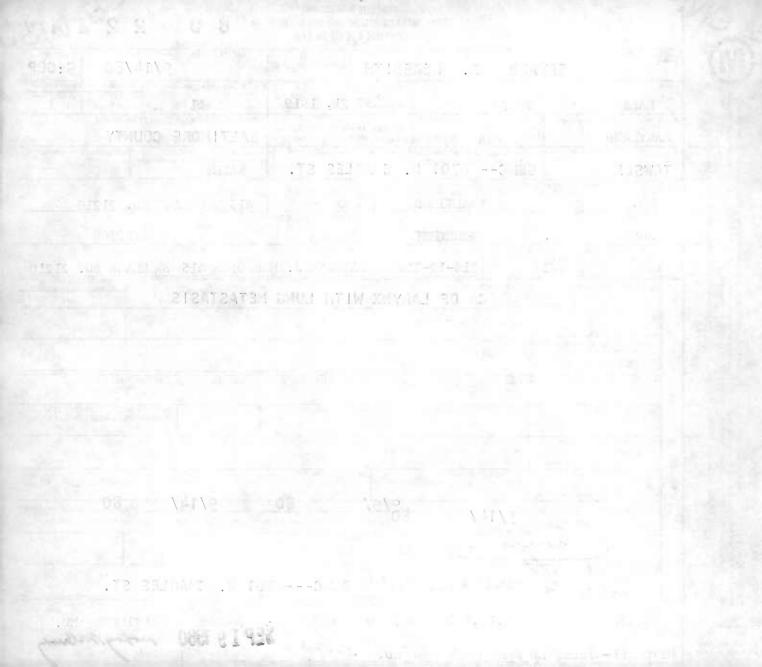
I. DECEASED NAME

. (M))		CEASED NAME OR PRINT)	FIRST F DIA	/ARD	S. MEI	REDIT	AST H	20. DATE OF DEATH	9/14		26. HOUR 5 : 00P
may the	0.0	3 SE	x		1 RACE	J. IILI	S DATE C		6. AGE JIN YEARS LAST BE	-	F UNDER I YEAR	IF UNDER 24 HRS
ge 4 r	nce.		MALE	2	WHITE		AUGU	ST 21, 1919	61	YRS.	ONTHS DAYS	HOURS MIN
ral dire	o te	C	RTHPLACE (STATE OR FORE	IGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	BALTIMORE CITY	OR COUNTY		
fune fune			ARYLAND	H .	US 11. NAME OF		WIDOWE	D DNORCED [BALTIMO			OF BUSINESS O
by the f	56	Т	OWSON		GBMC-	- 6701	V. CH	ARLES ST.	TYPE OF WORK FOR MOST SALES			1 003114233 0
hin 24 ho filled in uld be fil		130	AL RESIDENCE (IF NURSING STATE MD.	SHOME OR	OTHER INSTITUTION TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMOR	/N	134 INSIDE CITY LIMITS?	13a. STREET ADDRESS 415 WOOD		. 2121	0
cuted with	exa C	14. F	THER'S NAME FIRST JOHN	Т.	NOOLE	MEREDITH		15. MOTHER'S MAIDEN P FIRST MINA	NAME	SI	MPSON LAS	
× o-	the ma		VAS DECEASED EVER IN VES, NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES)	216-12-		17 INFORMANT KATHRYN .T.	MEREDITH 41		AUN RD	21 21 0
ficate ysician pers. P	event		IS CAUSE OF DEATH	Enter onl	y one couse per	line for (a), (b), an	dicii					MATE INTERVAL
r remo	0		PART I. DEATH WAS	MEDIATI		CA OF L	ARYNX	WITH LUNG	METASTAS	IS		
death tendir carbo on, or	traumat	14	1619		DUE TO, O	R AS A CONSEOU	ENCE OF					
	other		Conditions, if any, was gave rise to immediately cause 101, stating	diote	DUE TO O	R AS A CONSEOU	ENCE OF					
ed by	ry, or		underlying cause	last	(c)							
n sign to bu	ofui A	Z	PART 2 OTHER SIGNIF	ICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	UDITION GIVE	N IN PART 16	31
: The law te has bee permit. Ti ene prior	shows ar	CERTIFICATION	19a DATE OF OPERATIO	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?
SICIA nysicial certific transii	Item 18	_	21a ACCIDENT WAS UNDER: OR CONTRIBUTING CAU LIFE EITHER, NOTIFY MEDICAL E	JSE OF DEAT			AY YEAR	21c. HOW INJURY OCCI	URRED JENTER NATURE OF INS			
	rked or	MEDICAL	21d. INJURY OCCURRED		21e PLACE			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
r atte	s Ha		WHILE NOT WHILE AT WORK 22a I certify that (I) (th		ol) ottended th	e deceased from	9/9	19 80	9/1	4/	, 80	that (I) (we) lo
AT Dita	em 21		sow the deceased above, (I) (was (did	olive on	9/1.	19	80 or	d that in (my) (our) opinio	on death occurred on the	date and haur	and from the	causes stated
le hosp L DIR ached	=		226. SIGNATURE	yea	when	Liall	7	DEGREE		AFF	22c. DATE	SIGNED
HOSPITA sined by the FUNERAL fuld be deta	ORTANT TANT		224 PHYSICIAN'S MAM	IE (TYRE OR			^	PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN 🗌		
TO HOS retained TO FUN should b	MPOR /		JUAN	M	ANI	PLA DE	MD	GBMC	6701 N. CH	ARLES	ST.	
2111	2	23a	BURIAL, CREMATION, RE SPECIFY) BURIAL	MOVAL	23b. DATE			EMETERY OR CREMATOR	CITY OR TOWN		OUNTY	STATE
/4BP		_	BURTAL,		SEPT.1	7,1980 MG	DRELAN	D MEMORIAL H		BALT	IMORE AND SIGNAL	MD.
DHMH-16 2 (VRA 15, 4)			TCHELL-WIE	DEFEI	D HOME	6500 YOR	K RD.	-	-C1 1 9 190		Type	-Creedy
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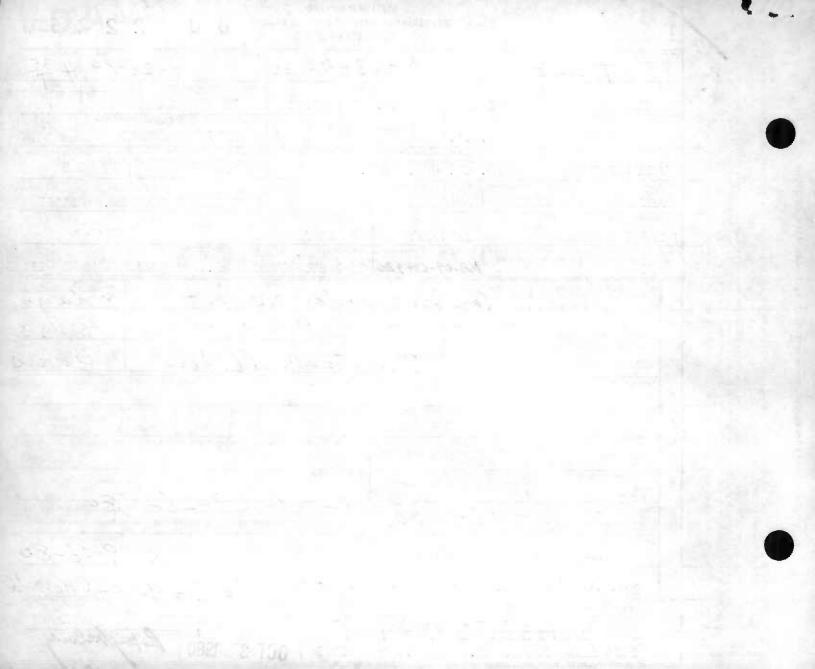
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.



	1/			STATE OF MARYLAND		
6	1	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	
leath	(TYI	ECEASED NAME FIRST	E MODIE	MERSERACE	0	9-26-80 4 35
s after o	3 5	FEMALE .	WHITE	OCT. 11, 1901	6. AGE (IN YEARS LAST BIR)	(HDAY) IF UNDER 1 YEAR IF UNDER 14 HRS MONTHS DAYS HOURS MIN
72 hour		IRTHPLACE (STATE OR FOREIGN OUNTRY) NEW YORK	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH
store non	1	ANDALLSTOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET BALTO. CO. GEN	G HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF HOUSEWIFE	ON 12b. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY AT HOME
uld be fill	13e.	STATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW RANDALLS	TOWN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 3607 STONE	YBROOK RD. #21133
and 2 show		ATHER'S NAME FIRST RABBI ABRAHAM	MODIE LAVINSK		MDDLE	UNKNOWN
Pages 1 t, the me		WAS DECEASED EVER IN U.S. AF (YES, NO ORUNKNOWN) (IF YES, GN NO	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES)		ONALD MESSER BROOK RD., R	ANDALLSTOWN, MD 21
has been signed by the attermin. Then please remove of the prior to burial, cremation tows any injury, or other the	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PARTAIO: 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
e burial-transit pe and Mental Hygier rked or Item 18 si	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED WHILE NOT WHILE		19 211 LOCATION	YES NO	
should be detached for use as in with the State Dept. of Health a IMPORTANT: If Item 21 is man		220 I certify that (I) (this hasp sow the deceased alive or	of) view the body after death. Lead Hory OR PRINTS	DEGREE ATTENDING	n death occurred on the do	
IMP IMP	23a	BURIAL CREMATION, REMOVAL	9-28-80 MIK	NAME OF CEMETERY OR CREMATORY TRO KODESH-BETH IS	CITY OF LOWN	ORE COUNTY MD STATE
IMH-16 25M A 15, 4) 1/79	24.1	UNERAL DIRECTOR SUL LI			CT 2. 1980	25h RECEIPAR'S SPACE Crody



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 0

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

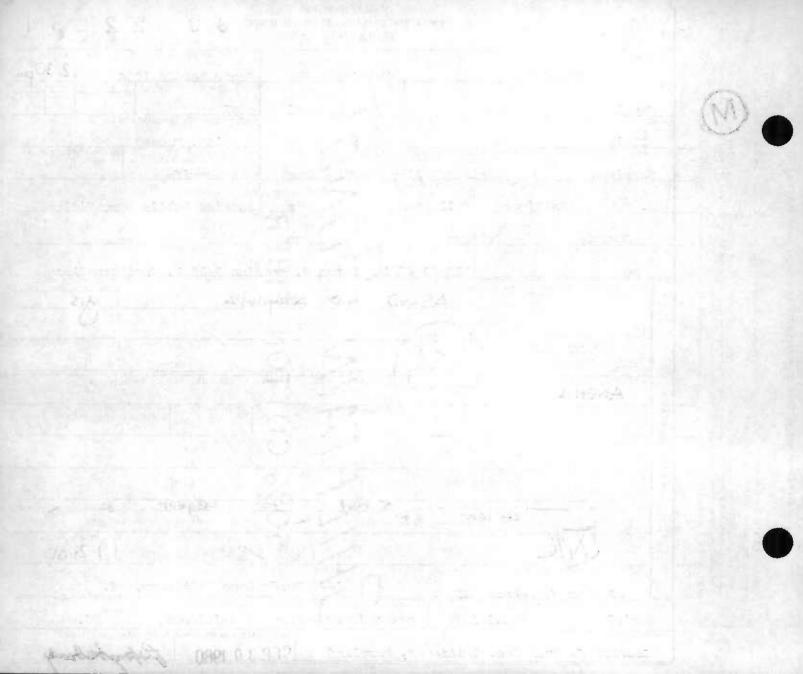
2 2 2 5

	REGISTRAR						REG. NO)		
	CEASED NAME	FIRST		MIDDLE	ı	AST		MONTH D	AY YEAR	2b. HOUR
(1111)		Virgini		C	8/00	sina	Contombon	20 200	^	2:30
3. SE			I. RACE	· .	5. DATE C		September 6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24
					MONTH				ONTHS DAYS	HOURS A
	<u>Female</u>		White		Ja	n. 1, 1893	87	YRS.		
	IRTHPLACE (STATE OF	R FOREIGN 7	b. CITIZEN OF	F WHAT COUNTRY	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	Italy		USA		WIDOWE	DIVORCED [Balto. C	ountu		
10 C	ITY OR TOWN OF DE	ATH 1	(IF NOT IN SU	OCH FACILITY, GIVE STREET	ET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON		F BUSINESS
	Garrison		Garr	rison Val	ley Nu	rsing Home	Housewif	e		
13a	AL RESIDENCE (IF NUE	13b COUNT		13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
M	d.	Balti	more	Fullert		YES NO 12	Sunrise Mo	hile H	ome Wi	17200
	ATHER'S NAME				011	15. MOTHER'S MAIDEN NA		OTTE II	Ome VI	TTAUE
	FIRST	A	IDDIE	LAST		FIRST	MIDDLE		LAS	T
14	Joseph	D IN LINE OF		tara	2118171/	Anna	ADDRE		-	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SEC	LUKIIY NO.	17 INFORMANT	ADDRE			
	no			220-03-	4591	Peter S. Mes	sina 3429 E	. Nort	hern P	kwan
	18 CAUSE OF DEA			MATE INTERVA						
-	PART I. DEATH V	WAS CAUSED	BY:		8	AN APPLA	Alada		E L C	C SNSET AND DE
	IMMEDIATE CAUSE (0) AS CVD AND ACCUTTHMIA								160	
-11	4292		DUE TO, O	OR AS A CONSEO	UENCE OF				10	
	Conditions, if on	y, which	DUE TO, (OR AS A CONSEO	UENCE OF				0	
	Conditions, if on gove rise to im	nmediote	(b)_						0	
	gove rise to im couse (o), stati	nmediote ing the	(b)_	OR AS A CONSEO					0	
	gove rise to im couse (0), stati underlying cous	nmediate ing the se lost.	(b)	OR AS A CONSEO	UENCE OF					
	gove rise to im couse (o), stati underlying cous	nmediate ing the se last.	(b)	OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
NOI	gove rise to im couse (0), stati underlying cous	nmediate ing the se last.	(b)	OR AS A CONSEO	UENCE OF		INAL DISEASE OR CON	DITION GIVE	N IN PART 1(01
ATION	gove rise to im couse (o), stati underlying cous	nmediote ing the se lost. GNIFICANT CO	DNDITIONS C	OR AS A CONSEC	UENCE OF		INAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	NGS USED
IFICATION	gove rise to im couse (o), stati underlying caus PART 2. OTHER SIG	nmediote ing the se lost. GNIFICANT CO	DNDITIONS C	OR AS A CONSEC	UENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
ERTIFICATION	part 2. OTHER SIG	mediate ing the se lost. GNIFICANT CO	DUE TO, (c) DUDITIONS C	OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
L CERTIFICATION	gove rise to im couse (o), stati underlying caus PART 2. OTHER SIG	mediote ing the se lost. GNIFICANT CO	DUE TO, C (c) DNDITIONS C 19b CONE 21b TIME 6	OR AS A CONSEC	UENCE OF DEATH BUT H OPERATION	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH
	PART 2. OTHER SIG	mediate ing the less lost. SNIFICANT CO 1 1 A ATION NDERLYING CAUSE OF DEATH	DUE TO, C (c) DODDITIONS C 196 CONE 4 HOUR A	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHICH OF INJURY	UENCE OF DEATH BUT H OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
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MEDICAL CERTIFICATION	PART 2. OTHER SIGNATURE OF CONTROL OF CONTRIBUTING (IF EITHER NOTIFY MEDITAL OF COLUMN OF CONTRIBUTING (IF EITHER NOTIFY MEDITAL OF COLUMN OF CONTRIBUTING (IF EITHER NOTIFY MEDITAL OF COLUMN OF CO	INTERCANT CO. INTERC	DUE TO, (c) CONDITIONS	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH	DEATH BUT TH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH
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	PART 2. OTHER SIGNATION OF COURSE OF STATE OF STATE OF STATE OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF COURSE OF STATE OF	INTERCENT CO. SINIFICANT CO. ATION DERRITING CO. CAUSE OF DEATH DICAL EXAMINER) RRED WHILE CO. ORK J. (Like Interpreted Seed player on a seed player on	DUE TO, (c) DUE TO, (c) DUE TO, (c) 19b CONE 19b CONE 19b CONE 19b CONE 21b TIME of HOUR A P 21c PLACE (AT HOME, S)	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH I P.M. OF INJURY IREET, FACTORY, OFFICE the deceosed from	DEATH BUT TH OPERATION DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET 19. 00 nd that in (my) (000 opinion DEGREE ATTENDING	280 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA	WERE FINDING CAUSES THE COUNTY COUNTY 9 30 , and from the	STAIL (we couses state
	PART 2. OTHER SIGNATULE 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 27b. SIGNATULE 22b. SIGNATULE 20c. 1 state 1 22b. SIGNATULE 20c. 1 state 2 22b. SIGNATULE 20c. 1 state 2 22b. SIGNATULE 22c. 1 state 2 22c. 1 st	mediote ining the ine lost. SNIFICANT CO ATION DERIVING (CAUSE OF DEATH DICAL EXAMINER) RRED WHILE (CONE) Sed clive on (CAUSE of Lost) ATION (CAUSE OF DEATH DICAL EXAMINER) RRED Sed clive on (CAUSE OF LOST)	DUE TO, (c) DUE TO, (c) CC) DIPPLIANCE 19b CONE 19b CONE 21b TIME of HOUR A F 21e. PLACE (AT HOME. S view the bod	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH I P.M. OF INJURY IREET, FACTORY, OFFICE the deceosed from	DEATH BUT TH OPERATION DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET Not that in (my) (containing physician) DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO CITY OR TO CITY OR TO to depth occurred on the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA	WERE FINDING CAUSES THE COUNTY COUNTY 9 30 , and from the	NGS USED OF DEATH: NO
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	PART 2. OTHER SIGNATULE 21a. ACCIDENT WAS UN OR CONTRIBUTING [If Either NOTIFY MED 21d. INJURY OCCUP WHILE NOT WAS UN OR CONTRIBUTING [If Either NOTIFY MED 21d. INJURY OCCUP 22b. SIGNATULE 22d. PHYSICIAN'S N	mediote ining the ine lost. SNIFICANT CO ATION DERIVING (CAUSE OF DEATH DICAL EXAMINER) RRED WHILE (CONE) Sed clive on (CAUSE of Lost) ATION (CAUSE OF DEATH DICAL EXAMINER) RRED Sed clive on (CAUSE OF LOST)	DUE TO, (c)	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH I P.M. OF INJURY IREET, FACTORY, OFFICE the deceosed from	DEATH BUT TH OPERATION DAY YEAR 19 E. FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURI 211. LOCATION STREET 19 10 that in (my) (000 opinion DEGREE ATTENDING PHYSICIAN (12) 220. ADDRESS	280 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA WN One ond hour	WERE FINDING CAUSES RT I OR PART 2) COUNTY 9 30 , ond from the	STAIL (we couses state

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

BP.



FOR - STATE

	ST	ATE	OF	M	ARYL	AND
EPARTMENT	01	HE	AL	TH	AND	MEN

NTAL HYGIENE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

2 2 2

	REGISTRAR		CEKITI	FICATE OF DEATH	. REG. NO.							
	DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
(TYPE OR PRINT) BEI	RTHA	C N	1:LLER	SEPT	30 '80 9 PM						
3	SEX	A DACE	IS DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS						
3.		Wh	ite MONT			MONTHS DAYS HOURS MIN.						
	FEMALE			ust 1/9 94	86 YRS.							
70	BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8.	D NEVER MARRIED	BALTIMORE CITY OR COUNT							
	Pennsylvan	ia U.S	.A. WIDOW		Baltimore Co	ounty						
10	CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR						
0	Rossville		OR CARE R	OSSVILLE	Homemaker of working I	IFE) INDUSTRY						
- 0	SUAL RESIDENCE (IF NURSING			JOSVILLE								
70 13	3a. STATE	Bb. COUNTY	Upperco	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 17517 Falls F	on de l'Imporco Md						
	MI J MAIL	Baltimore	obberco	YES NO NO		(Oad; Opperco, Mo						
14	. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	1457						
2	Conrad	Wilder Control	Ziegler	Mary	MIDDLE	Schneider						
16	g. WAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS							
		(IF YES, GIVE WAR OR DATES)	213-05-6504D	William O.	Miller, Tr. 1751	7 Falls Road						
-	No		Z13, 03, 0304B	William or								
	18 CAUSE OF DEATH PART I, DEATH WAS	(Enter only one couse per	r line for (o), (b), and (c)	Advance 1 in	151- 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		AMEDIATE CAUSE (a)	- Houle	Myocardia	e intantion	•						
	4115-	410 = DUE TO, OR AS A CONSEQUENCE OF Cardio-Vascular										
	Conditions, if ony,	~										
	gove rise to imme	diote)	13110110.		di	seuse						
	underlying couse	lost. DUE TO, C	R AS A CONSEQUENCE OF									
		(c)										
Ι,		ICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 119						
	Derkin	rsons a	usease, 176	maturia,	As/Imatic Br	onclutes.						
3	19a DATE OF OPERATIO	DN 196. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?						
448						ES \(\) NO \(\)						
	210. ACCIDENT WAS UNDER	LYING 7 216. TIME C	OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)						
100	00.000.000.000.00	USE OF DEATH HOUR A	M. MONTH DAY YEAR									
/ [§	(IF EITHER NOTIFY MEDICAL		.M. 19	av . a c a filòni								
	21d INJURY OCCURRE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OF YOWN	COUNTY STATE						
1	AT WORK NOT WHILE											
	22a.I certify that (1)	his hospital) attended th	ne deceased from	3/19/ 1980		, 19 7, that the (we) lost						
- 1	sow the deceased	olive on9	130/ 1980.0	nd that in (my) (our) apinion	death occurred on the date and ha	ur and from the couses stated						
	22b. SIGNATURE	(did not) view the body	offer death.	DEGREE		22c. DATE SIGNED						
- 1	hor	-to-m		ATTENDING .	MEDICAL STAFF	9/30/80						
4	14.	المراح ال		THISICIAN	DIRECTOR PHYSICIAN	1/30/00						
	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	Λ.	220 ADDRESS	ming Road 1	Bulto md 21093						
	CHIN	. W. 10	\ X	2110 /01 8		2109						
23	3a. BURIAL, CREMATION, RE	MOVAL 23b. DATE	23¢ NAME OF	EMETERY OR CREMATORY	23d. LOCATION							
	(SPECIF Burial	10-3-		Ridge	CITY OR TOWN	Maryland						
			- DI UIU	riage	Pikesville	rary rand						

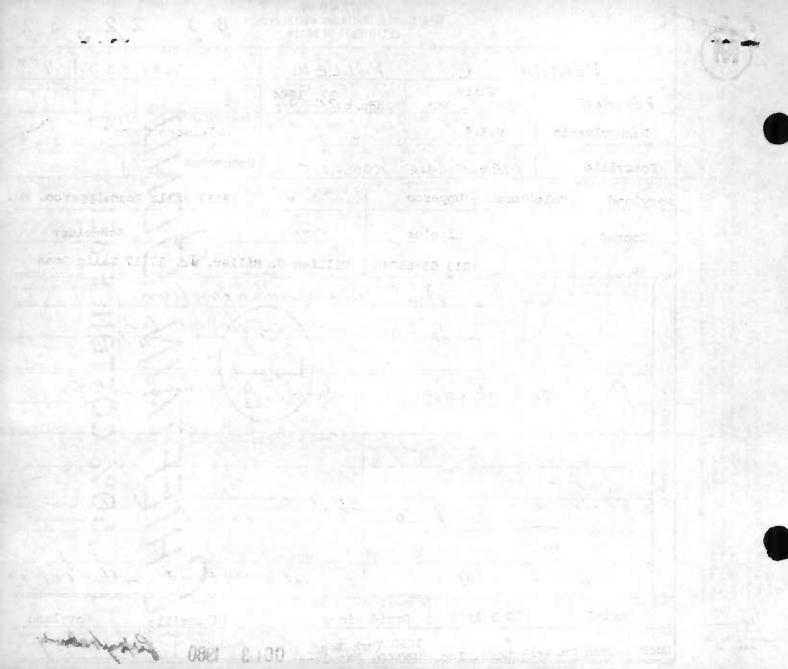
ADDRES 1050 York Road Towson, Marylan

DHMH-16 30M 2/80 (VRA 15, 4)

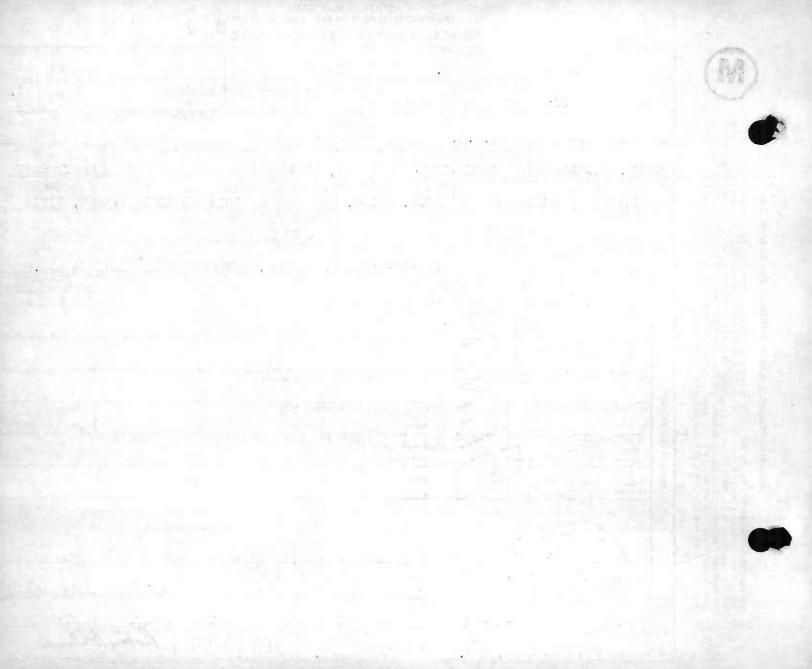
24 FUNERAL DIRECTOR

Ruck Towson Funeral Home

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO 1. DECEASED NAME 2n. DATE KNOWN (TYPE OR PRINT) ESTI-MILLER JUNE M. DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 1980 FEMALE WHTTE DEAD 05 06 04 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED X PENNSYLVANTA DIVORCED RETAIN PAGE HOULD BE FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTR FOR MOST OF WORKING LIFF) CLERK MONTGOMERY BALTO. HIGHLANDS VIRGINIA AVENUE, 21227 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) WARD 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE BALTO, HGLDS. YES [NO TO 3021 VIRGINIA AVENUE, 21227 WITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN **JENNIE** HARMON 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 220-12-5059 JOSEPH R. GUTKOSKA 3021 VIRGINIA AVE. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF URIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES 🗌 NO 3 SHOULD BE DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection MARYLAND TO FUNERAL DIRECTOR
AFTER DEATH, WITH TO Accident Suicide Hamicide Undetermined manner Natural causes SIGNATURE BALTIMORE, EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 09-15-80 NEW CATHEDRAL BALTIMORE CITY 24. FUNERAL DIRECTOR 21229 **DHMH - 17** (VR A15 ME (5)) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. 30M 7/73



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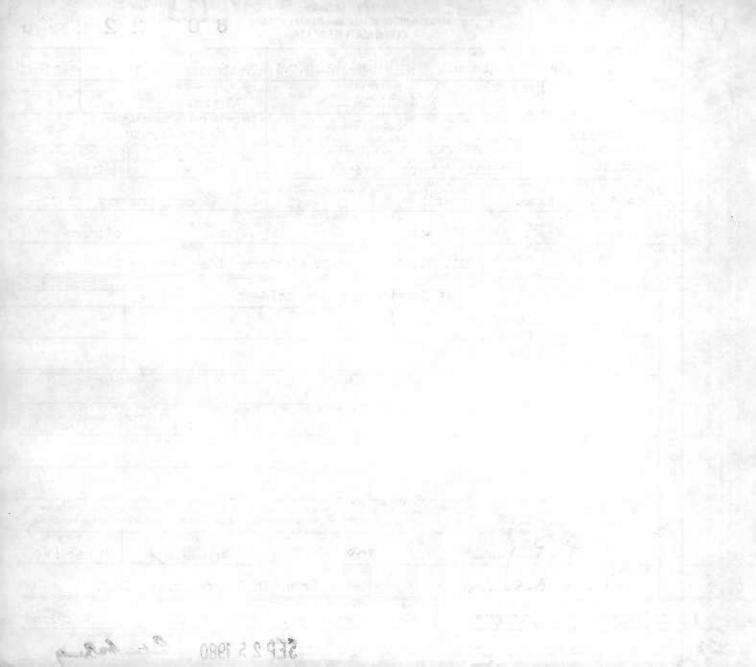
		1-	STATE REGISTRAR		DEP		EALTH AND MENTAL H	YGIENE 8	REG. NO.	2 2 2	5 5
		I. DE	CEASED NAME FIRST OR PRINT)		MIDDLE	ι	AST	20. DATE OF D		DAY YEAR	26 HOUR
B		TITPE	SELINA		E.	MIL	JS		09	05 80	6:55 PM
E CONTRACTOR		3 SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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roth 72	35		MARYLAND	11 0	S.A.		D NEVER MARRIED [IMORE CO	שידיאוור	
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y the	10		CATONSVILLE		CH FACILITY, GIVE S	NURSING	HOME	TYPE OF WORK FO	OR MOST OF WORKING		HING
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omplete I and 2	0		CHARLES	O.	KEARN	IEY	MARTHA		WIDDLE		CROSBY
ages l			VAS DECEASED EVER IN U.S. A 'ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)		SECURITY NO.	17 INFORMANT			LICOTT C	
Po o	1		NO		220-1	2-5386	MILDRED K.	MILLS	2934 SOU	THVIEW R	
sicio sper val.			18 CAUSE OF DEATH (Enter of	anly ane cause pe	er line fai idi, ib	, and ich	(- 7		APPROX BETWEEN	MATE INTERVAL
ph)			PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	5	11011	word	1/			2 day
ding orbi			3440	DUE TO C	OR AS A CONS	FOLIENCE OF	() 1 1	-11	111	11	1-
deat ove o hon,	П		Canditians, if any, which	(b)	240	01-	KICKION	as 6	XCI.	4:	1/0.00
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ned ple purio y, or	- 1		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO LAETER	RMINAL DISEASE	OR COMDITION (GIVEN IN PART II	01
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mit. prior	-	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF	YES, WERE FINDI	NGS USED
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cate ronsit Hygin 18 sh	0	CER	21a. ACCIDENT WAS UNDERLYING	21b. TIME (21c HOW INJURY OCCU				
al le	7	-	OR CONTRIBUTING CAUSE OF D		.M. MONTH	DAY YEAR	-				
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on on one			saw the deceased alive of		Tegersed II		id that in (my) (aur) apinio	in death accurred	on the date and I	hour and from the	rnor (I) westost
ECT ECT ed fe ot. o	- 1		22b. SIGNATURE // .	et view the bad	y after death.	00	DECREE		an the dete dite :	22c. DATE	
T He T	-1	٠.	The state of the s	(a)	1////	0/1	ATTENDING	MEDICAL	STAFF		
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HOSPITAL ned by the FUNERAL sid be det the State ORTANT:			22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			72+ AUDRESS				
etained by to FUNERAL should be dewith the State			CHRISTIAN S.	MASS. 1	M.D.		HOWARD COUR			ER	
5 5 2 2 ₹		23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	Y 23d. LOCATI	ON	COUNTY	STATE
BP		1.	BURIAL	09-0	9-80	LOUD	ON PARK		IMORE CI		RYLAND
H - 16 50M 1/76		24. FU	INERAL DIRECTOR		ADDRES	-	71229 25a D.	ATE REC'D. BY REC			
(VR A 15 (4))		HU	BBARD FUNERAL	HOME, I			IS AVE. SE	P 8 198	3U per	Myrel	ready
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(VRA 15. 4) 1/79

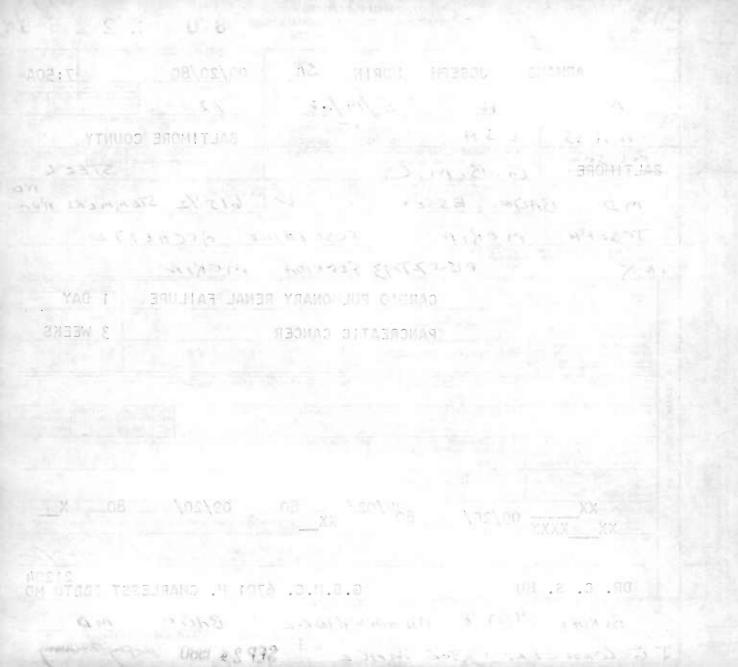
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



600	1	FOR STATE REGISTRAR		DEPARTA	MENT OF	E OF MARTLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8 O	2 2 2	2 5 7
. t		CEASED NAME FIRST EDITH	MAY MOFFAT					80	9:05P M
ge 4 moy br ector, poge 3 rs affer deoth	3. SE	× FEMALE	4 RACE WHI	TE	5. DATE (6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DA	
ter death. Page within 72 hours	/ 0	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY O		MD
= 5 Fp 96/	7	BALTIMORE	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET JOSE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF PHONE OPERA	WORKING HEET INDUST	TO. CITY
NND 215	.USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU	ROTHER INSTITUTION NTY BALTO	13c. CITY OR TOW BAL	N_	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	UNKIRK R	D
MARYLA ed within ond 2 sh examiner	14 F	ATHER'S NAME ENOCH	WIDDLE	BICKERSTAI	FFE	15. MOTHER'S MAIDEN NA/ EDITH	WE	JOHNS	ЮÑ
IMORE, e execut no	160 (NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	ss JNKIRK RD.	RD. 21212					
201 W. PRESTON ST., set that the death certificates that the ottending phypicose remove corbang viral, cremotion, or remove.		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O CONDITIONS C		NCE OF			discas.	I hr
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HYSICIA ding ph nis certifi buriol-th I Mentol	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE DOT WHILE	HOUR A.	M. MONTH DA	19	21c. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJUR		2) STATE
TEND option of TOR: A for use of Heal		WHITE AT WORK NOT WHITE AT WORK 270. I certify that (I) (this hasp saw the deceased alive or above. (I) (www) (did not take to the take to the take to the take to the take take take take take take take tak	9/	1/ 19 1		nd that in (my) (our) opinion of	deoth occurred on the do		the couses stated
O HOSPITAL OR A storned by the hosp TO FUNERAL DIRECT Should be detoched with the Store Dept.		22d. PHYSICIAN'S NAME (TYPE	And d	र्षे (m	ATTENDING PHYSICIAN ATTENDING PHYSICIAN	MEDICAL STAF	F SI	ate signed 17/fc
TO HOSP reformed I TO FUNE should be with the S	210	JAMES BIDD		121.	JAME OF C	1900 E. NOR	THERN PKWY.		
490 BP2		BURIAL	9/20/			THEDRAL CEM.	BALTIMOR		MD.
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME ITCHELL-WIEDEFE	LD HOME	ADDRESS 6500 YO	RK RD	. 21212 SE	2 2 1980	25b. Restisting R.S. E.	Retreaty

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SALTYONE ST. JOSEPH MOSPITAL		TO ME BY HTTMA	N. M. TOTT
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	da Malmun con	X STAR GT.M.1	
	Stoconor.		
	State Lut Living our men	OH INCHES THE PARTY OF THE P	

		FOR	DEPART	STATE OF MARYLAN MENT OF HEALTH AND MI		NE Ø O	2 2	0 15 0
	1	STATE REGISTRAR		CERTIFICATE OF DE		REG. NO.	2 2	2 0 0
M):		CEASED NAME FIRST OR PRINT) ARMAN	ND JOSEPH	MORIN 4	SR	09/20/80	TH DAY YEAR	7:50Am
age 4 may rector, png irs after du	3. SE		1 RACE	S. DATE OF BIRTH	YEAR	AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS	R IF UNDER 24 HRS
eath. Pageral direct 72 hours	70. B	RTHPLACE (STATE OR FORFIGN OUNTRY)	IN CITIZEN OF WHAT COUNTRY?	MARRIED THEVER MA	ARRIED -	BALTIMORE CITY OR CO		
urs after d by the fun ed within state norif	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTIT		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) INDUSTR	OF BUSINESS OR
filled in build be filed in build be filed	USU 13e		OTHER INSTITUTION, GIVE RESIDENCE BEFOR		Y LIMITS?	30. STREET ADDRESS	STEMME	RE
ompletely fand 2 shou	14. F.	THER'S NAME	MIDDLE OR, N	15 MOTHER'S A	MAIDEN NAME	MIDDLE	ı	IAST
ficate be exectly sician and conpers. Pages 1 a ovent, the met	- (VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (E YES, GIVE	MED FORCES? 146 SOCIAL SECUENT OF CONTROL SECUENT		IT	MORIN		
quires that the death certing by the attending phyplesse remove carbon partial, cremation, or remainty, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	RDIO PULMON. ENCE OF NOREATIC CA	NCER		RE 1	WEEKS
IDING PHYSICIAN: The law reciteding physician. After this certificate has been sing the burial-transit permit. Then the and Mental Hygiene prior to marked or Item 18 shows any it	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			YES NO	LIFYES, WERE FIND CERTIFYING CAUSI YES	ES OF DEATH?
HYSICIAN I physician. Is certificat rial-transit part and Hygin or Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR		D (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	
DING P ttending After th After th s the bun th and M marked	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,			CITY OR TOWN	COUNTY	STATE
OH ATTEN hospital or a hospital or a DIRECTOR: hed for use a Dept. of Heal if Item 21 is		saw the deceased alive an abaye XIIXwe (did) XIX	tal) attended the deceased from	80 , and that in XrX (a	, 19 <mark>80</mark> our) apinian de	_, ta_09/20/ oth occurred an the date o		
VITAL OF by the hose FRAL DIF detached detached detached		226 PHYSICIAN'S NAME TYPE O	Con Aire		TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_1/	IE-SIGNED
TO HOSPITAL retained by the Programme of the State D IMPORTANT: I IMPORTANT: I		DR. C. S.	HU	G.B.M		O1 N. CHAR	LESST. B	21204' ALTO MD
+ 5 BP 6		BURIAL CREMATION, REMOVAL	9/23/80 N	NAME OF CEMETERY OR CR	GE	23d. LOCATION CITY OR TOWN	COUNTY	
DHMH-16 25M (VRA 15, 4) 1/79	J	INERAL DIRECTOR NAME G CONNE	LLY 300	MACE	SE SE	P 2 4 1980	profry /	



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medical exominer must be notified at creat

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

FOR

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/		REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.	in the ti	
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
			Heste	r	Α.	1 2 4	MORRIS	September	- 14.	1980	9:35 nM
j	3. SE	Female		4 RACE Whit	e	MONT	OF BIRTH H DAY YEAR 6/1891	6. AGE (IN YEARS LAST 89 yrs.	YRS.	MONTHS DAYS	
)		RTHPLACE (STATE OR COUNTRY)		76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY Baltimore	OR COUNT		MD
7	Ro	ITY OR TOWN OF DE OSSVIlle		(IF NOT IN SUC Fran	nklin Squ	GHOME (address) are H	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION FOF WORKING	126. KIND (OF BUSINESS OR
5	13a S Ma	AL RESIDENCE (IF NUR STATE aryland	136 COUL Bal	timore	GIVE RESIDENCE BEFORE 13 CITY OR TOWN Dundalk		13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRES 7236 Sol	lers E	Point Ré	1. 21222
2	14. F.A	John		MIDDLE R.	Harper		15. MOTHER'S MAIDEN NAME Mary	WE		Dona	ahue
		VAS DECEASED EVER YES. NO OR UNKNOWN)		MED FORCES?	212.46.6		Eleanor K.		RESS ame as	s 13e	
		Conditions, if ony gave rise to im cause (o), statiunderlying cause	mediate ng the last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	rt Failure	NNAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(a)
2	CERTIFICATION	190 DATE OF OPERA	Age	-			ident; Coma	20a AUTOPSY?		ES, WERE FIND	
7	MEDICAL CERTIF	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE	ALIN .	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	YES NO		YES	ио 🗍
	ME	WHILE NOTW	HRE D	(AT HOME STR	EET, FACTORY, OFFICE, FA		STREET	CITY OR	NWOT	COUNTY	STATE
		270. I certify that a sow the decease abave. (A (we) (aid)	view the body	e deceosed fram_ Der 14 19_ after death.	Augus	DEGREE ATTENDING	deoth occurred an the	date and ho	our and from the	E SIGNED
				vidal M.	.D.		9000 Frank	lin Square	Drive	21237	7
	23a E	BURIAL, CREMATION, (SPECIFY) Burial	, REMOVAL	236. DATE 9/18/			Heart of Jesu	23d. LOCATION CITY OR TOWN Dinda	1k	COUNTY	Maryland

Sacred Heart of Jesus

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL

Walter Brooks Bradley, -Inc., Dundalk, Md. 2122 SEP 1 9

9/18/1980

Dundalk

Maryland

BY REGISTRAR 254 EGISTRAR'S

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MITCHELL-WIEDEFELD HOME 6500 YORK RD.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

YEAR

IF UNDER 1 YEAR

26 HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

STATE

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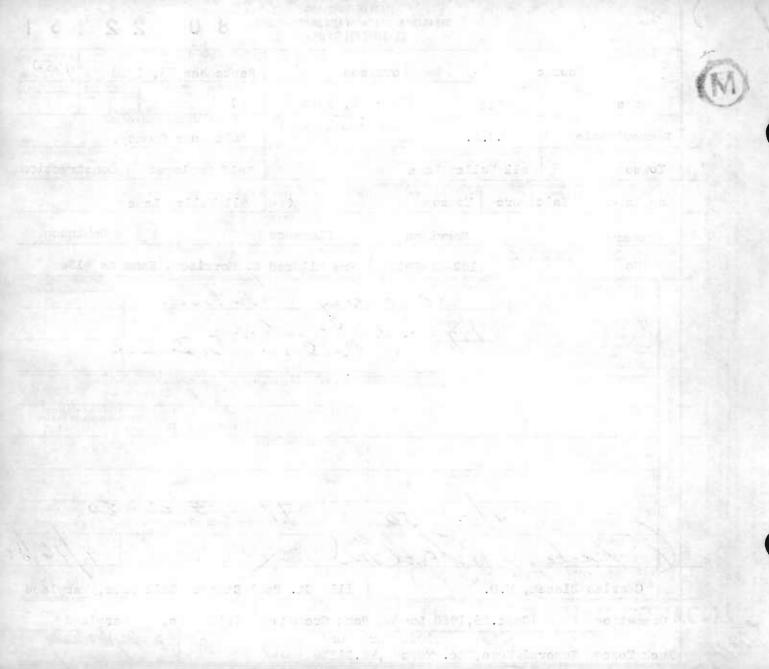
COUNTY

22c. DATE SIGNED

09-25-80

IF UNDER 24 MRS

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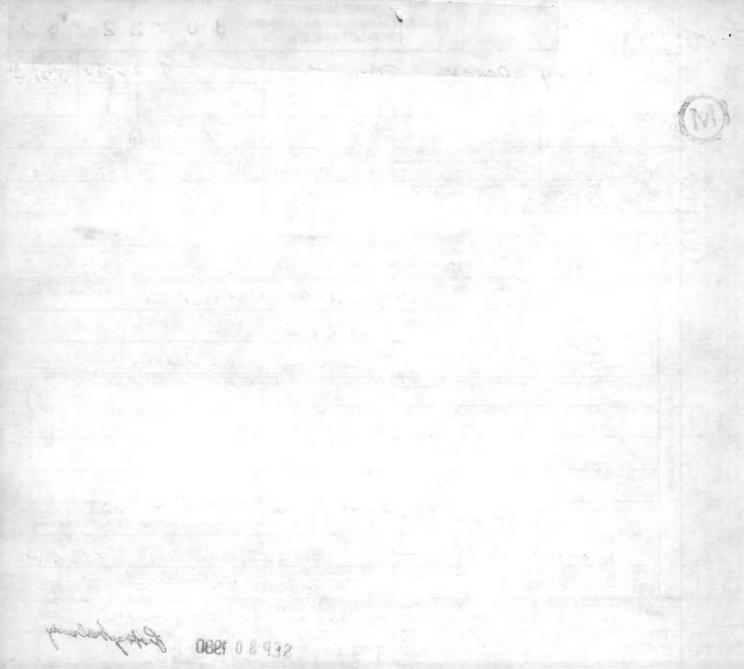
page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 04	REGISTRAR		CERTIN	ICATE OF DEATH	REG. NO.									
	PECEASED NAME FIRST	MIDDLÉ		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOU								
	Mary	DORAN	17	BUNT	7-0	6-80 8:								
3. SE	/	white	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER								
	female	wnite	11	28 1882	97 YRS	MONINS! DAYS HOURS								
7a. B	BIRTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH								
1	TN	USA	WIDOWE		Baltimore Count	ч								
10 0	CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12% KIND OF BUSINE								
Ro	andallstown	Randalletown Con	martas	scent Center	School teacher	FL Schoo								
USU 13a	UAL RESIDENCE (IF NURSING HOMEOR OF STATE 136 COUN'	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS									
	TN Davi	dson Nashvili	le	YES NO	2209 Abbott Me	artin Drive								
14. F.	FATHER'S NAME FIRST M	DDLE " 4"3"		15 MOTHER'S MAIDEN NAME FIRST	WE									
	Benjamin Wa	atson Bennett		Margaret		Green								
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) I JIF YES, GIVE Y	NED FORCES? 166 SOCIAL SECU	JRITY NO	IT INFORMANT MYS.	Edgan Lomm									
	No -	267-14-2	2787	3402 Shelburn	Edgar Legum e Rd., Baltimore	, MD 21208								
	18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), on	digiti	Asia A		APPROXIMATE INTER								
	PART I. DEATH WAS CAUSED		ry	reacon ,	myurelion									
	410 - DUE TO, OR AS A CONSEQUENCE OF													
	Conditions, if ony, which	(th)	LIVEL OF	asco										
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENICE OF											
	underlying couse lost.	(6)	ELIVEE OF	Cerun	only deren									
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(o)								
CERTIFICATION														
CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE									
TIE					YES NO YE									
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	AV YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)								
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19											
		218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM FIC)	21f LOCATION STREET	CITY OF TOWN	COUNTY ST								
	216. INJURY OCCURRED				/-	01								
MEDICAL CE	216. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		220 I certify that (I) (this haspital) attended the deceased from 2 2 - 20 19 80 to 9 (26 19 50 that (I) (we))											
	WHILE NOT WHILE AT WORK	I) ottended the deceased from	_ 2.	20 19 80	_, to	19 0 C, that (I) (w								
	WHILE NOT WHILE AT WORK 220 I certify that (1) (this hospital	3/11	2.	, 17	to The death occurred on the date and hou									
	WHILE NOT WHILE AT WORK	3/11		, 17	. to death occurred on the date and hou									
	WHILE AT WORK NOT WHILE AT WORK 22e I certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not)	3/11		nd that in (my) (our) opinion of DEGREE ATTENDING	MEDICAL STAFF	r and from the causes sta								
	WHILE AT WORK NOT WHILE 22a certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR)	view the body ofter depth.		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED								
	WHILE AT WORK NOT WHILE 22a certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE	view the body ofter depth.		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22t. DATE SIGNED								
MEDICAL	WHILE AT WORK 220 I certify that (I) (this haspite sow the deceased alive on obove, (I) (we) (did) (did not) 276. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR I) Daniel Wilfso	view the body ofter depth. RINTI N. MD		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN PARECTOR BAltimo	22c. DATE SIGNED								
MEDICAL	WHILE AT WORK NOT WHILE 22a certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR)	view the body ofter depth. PRINT! PA MD 236. DATE 236. N	NAME OF C	DEGREE ATTENDING PHYSICIAN E 122. ADDRESS 3502 W. Roge	MEDICAL STAFF DIRECTOR PHYSICIAN 278 Ave., Baltimo.	22c. DATE SIGNED								

BP.

DHMH-16 25M (VRA 15, 4) 1/79



	1.	FOR STATE REGISTRAR			DEPA		ICATE OF DEATH		8 0 REG. NO	2	2 2	6
		CEASED NAME OR PRINT)	FRA	NK	J.		JRPHY	20.	DATE OF DEATH		1/80	10:3
)	3. SE	х		4. RACE		S. DATE (GE (IN YEARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24
		Male		Whit		12	29 06		73	YRS.		
35		RTHPLACE (STATE OF COUNTRY)	FOREIGN	76. CITIZEN OF	F WHAT COUNT	RY? 8. MARRIE WIDOWI	D NEVER MARRIED	D AA	ALT I MORE	_		
56	10 C	TOWSON	ATH				HARLES ST		USUAL OCCUPATK E OF WORK FOR MOST OF PUCK Drive	F WORKING LIFE		
35	USU 13a.	AL RESIDENCE (IF NUE STATE Md	136 COUN Balti	TY	13c. CITY OR T	OWN	138 INSIDE CITY LIMI	ITS? 13e.	STREET ADDRESS	ett Ro	ed	
230	14. F.	THER'S NAME FIRST James		MIDDLE P.	Murph	у	15 MOTHER'S MAIDE FIRST Elizabe		A. MIDDLE	В	lowen	ST
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORMANT		300 ARPRE	SBeech	wood A	venue
1		Yes	ฟฟ2	WAR OR DATES;	217-03-	-9146	Jemes B. f	Murphy	Baltimo	ore, M	ld. 212	28
	7	Conditions, if on, gove rise to im couse (a), stoti underlying cous	mediate ng the e lost.	DUE TO, (c)	or as a conse	QUENCE OF	OF LUNGS				EN IN PART 1	(01
9	CERTIFICATION	190 DATE OF OPERA	TION	196 CONI	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	1	DO. AUTOPSY?	IN CERTIFY	, WERE FINDI YING CAUSES	NGS USED S OF DEATH
9		210, ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY O	CCURRED	ENTER NATURE OF INJUR	LY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	216. INJURY OCCUP	HILE		E OF INJURY STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STA
		220.1 certify that (I) (this hospit			80 8 9 80 · °	19	80 pinion deoth	occurred on the do	ste and hour	19_80	that (I) (w
	D C	above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								22c. DATE	SIGNED	
1		APPA1	ZAO		VANGUI				N. CHA	RLES	ST	
			ial	23b. DATE 9/24	/80	New Cat			Beltimore		COUNTY	ylenď
1	24 F	UNERAL DIRECTOR	i taka	Eupona	1 Home	of Cato		SEP 2	D. BY REGISTRAR		Mar RAR'S S INA	yl PRE

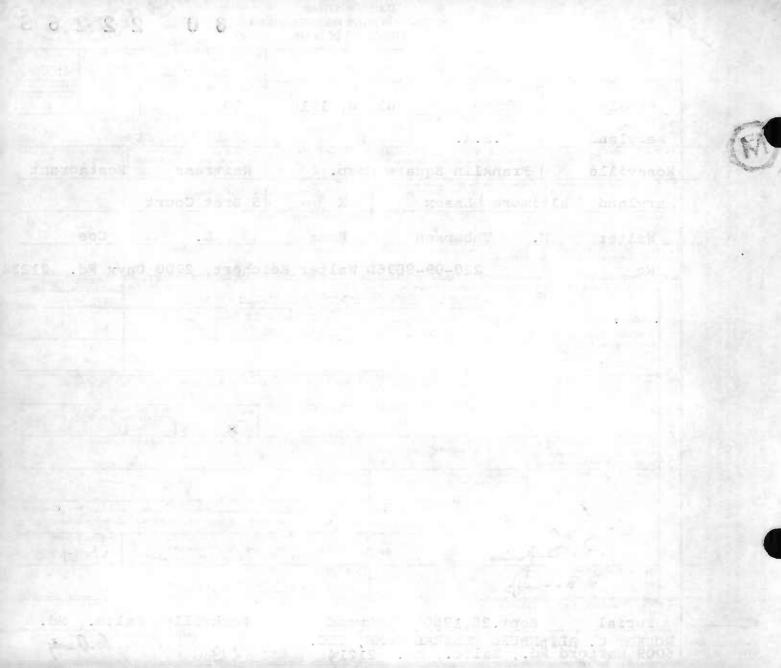
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0			FOR STATE		D	EPARTA	MENT OF HE	EALTH A	ND MENTAL H	IYGIENE	n	2 2	9 6	A
19			REGISTRAR		MED	ICAL E	XAMINE	R'S CER	RTIFICATE C	OF DEATH	REG. N	10.	50	
A STATE OF THE PARTY OF THE PAR	E-Witten		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		2a. D	ATE KNOWN	MONTH .	DAY YEAR	25 HOUR
SAT	SS. S. S. T.	(11)	E OR PRINT	JOHN	JC	SEPH		MURPH	Y, JR.		OF ESTI-	9/19	1980	A
BAR	FILE	3 SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDER	RIYR. IF UNDER		DATE	world	DAY YEAR	28 HOUR
The state of the s	OUR NOTE IN S	M	ALE	WHITE	5 29	30	50 YRS.	MONTHS	DAYS HOURS		NOUNCED DEAD	9/18	1920	A
	SSAF SAL CALL	Ja. Bl	RTHPLACE (ST	ATE OR	76. CITIZEN OF WHA		- 110.		XXNEVER MARR	9. B/	ALTIMORE CITY	OR COUNTY		1 1/4 /11
	SA S	MA	RYLAND		U.S.A.			VIDOWED	_		ALTIMOR	E COUNT	v	140
-	IS N	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP		SING HOME, C		-	12a. USUAL C	CCUPATION (T		. KIND OF BL	
	PAG PAG	FO	RT HOWA	RD	V. A. MEDI						of working Life)		OR INDUST	ream
	3 TOE	USUA	L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE E	SEFORE ADMISSION							
21201	C COULT SELL	13a. S MA	RYLAND	136 COUN	Lto	1000	owson		INSIDE CITY LIMITS?	13e STREET A	724Green	view Te	errace	
. 21	1. IF 3. 3. SH ALR	_	THER'S NAME	Da.		-	OWSOIL		MOTHER'S MAID					
, WC	SES 1, SES 1, SES 1, SES 1,		FIRST		MIDDLE	Murph	v Sr.		Kathe	rine	MIDDLE	Ke:	11y	
OR	AAGE ORW	lóa V	John VAS DECEASED	EVER IN U.S. AR	MED FORCES?	. A	IAL SECURITY N	10. / 17	INFORMANT		ADDRES			
BALTIMOR	AFTE IVE P IN FO ISION	(YI	YES	WN) (IF YES GIVE	WAR OR DATES) EAN	217	24 584	2 . C	LINICAL	RECORDS	VAMC	FORT H	ULIVED	MD
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NO	IN 124 IN ITE/ IN ITE/ SIT PER HYGIEI		881	9 IMMEDIA	(DUE TO, OR A	SACONS	SEQUENCE OF	0	0			0		100
REST	L HY OVA	1		s, if ony, which	1	0-	-0	la -		S. C	- sul	L. S 1		
×.	A TRAINCHAIN MAIN		couse (a)	e to immediate stating the under-	DUE TO, OR A	S A CONS	SEQUENCE OF	1	a way	7		5 - 50		
6	IN PENCIL IN EXAMINER , EXAMINER , RIAL-TRANSIT D MENTAL HY		lying cou	se lost.	(4)			n	enat	anne	- 7000	gery		
5,3	XECU IG" IN CAL E AND AND		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELAT	EO TO THE TERMINA	L DISEASE OR	CONDITION GIVEN IN PA	RT 1 (a)	-	LILLIUM.		
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST		N	F-1767							(w).	V			
SEC.	ULD BE E	ATIC	19s. DATE OF	OPERATION	19b. CONDITIO	ON FOR	VHICH OPERAT	ION WAS	PERFORMED?	1-	10	0	20. AUTOPSY	>
TAL	これによって	CERTIFICATION	10/1	179	Cr.	ine	Stor	7	to eva	andy	mod	2000	YES 🗌	NO 🔯
ž		ERT	210 EXTERNA	LECAUSE WAS	216. TIME OF 1			21c. HOW	INJURY OCCURRE	D (ENTER NATUR	OF INJURY IN ITEM 1	8 PART 1 OR PART 2	0	. 1
O Z	CERTIFICATE STING THE WORLD THE WORLD BIS SHOULD BIS DEPARTMENT PRIOR TO BURI		UNDERLYING	OR NG CAUSE OF	HOUR A.M. DEATH P.M.	MONTH B/4	DAY YEAR	Tel	1 Down	n The	Mar	2011	O	11
ISIO	CERTIFING DED TO SHORE DEPARIOR	MEDICAL	21d. INJURY C		21e. PLACE OF	INJURY	(AT HOME, Y	21f. LOCAT			19-7	7100	-0/12	
Š	S = 2 = = ()	¥	WHILE AT WORK	NOT WHILE	STREET, FACTO	RY, FÄRM, ET		STREE		& Gera	ORTOWN	20 COUNT	a litera -	STATE
	E, WR RWAR PAGE STATE				toon	Cla	Section	et.				144	344 701	1 d
200	A P P P P P P P P P P P P P P P P P P P				e of the remains descr			Autopsy	, Inspection			ond in my opini I	on	TI)
	XAMI CERTIFICO BE DIRECT WITH ARYLAR		deoth resulte	ed from: Notu	rol coures [], /	Accident	Q, Suicio	de 🔲,	Homicide	1 Undetermin	ed manner		- 1	1-
-			ACTUAL	£.5.	AH1111	WA	416	1	TITLE (SPECIFY)	4		DATE	9/15	100
	CAL SHOURS SHOURS RAL RE, M.		SIGNATURE_	1-	0011		1	,M.D	A	MEDICAL	EXAMINER	SIGNED.	0/	/
	AEDI WORLD	-	EXAMINER'S	NAME /	MIL	ul	-	400	DECC 2112	Dur	delk	bu ba	V1 2	1227
	TO MEDICAL EXECUTE THE PAGE 4 SHG TO FUNERAL AFTER DEATH BALTIMORE,	23a RI	JRIAL CREMAT	ION, REMOVAL	3b. DATE	23r N	AME OF CEME		KE35	1-	ION			
-	2000	15	PECIFY)	rial	9/20/1980		Parkwoo			Par	kville	Ball	to M	ď
	AH-17 20M T/73	24. FI	JNERAL DIREC			1			250 DATE	REC'D. BY AF	TRAR 256 27	Manage &	NAFORE	
(V	R A15 ME (5))	3.4	i t chol	l-Windo	ADDRESS	500	Vani- Da	1	SEP	22 138	0	-		
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